

Dependent Information

Employee Name: _____ Employee Number: **A**_____

Below are listed my legal spouse and all unmarried, dependent children up to age 19 or 24 if a full-time college student.

<u>NAME</u>	<u>SEX</u>	<u>Date of Birth</u>	<u>Social Security #</u>
Spouse: _____	M F	_____	_____
Child: _____	M F	_____	_____
Child: _____	M F	_____	_____
Child: _____	M F	_____	_____
Child: _____	M F	_____	_____
Child: _____	M F	_____	_____
Child: _____	M F	_____	_____

I certify that the above information is correct. I understand that I must notify Benefits & Employee Services if the status of my dependents changes due to: birth, adoption, death, divorce, legal separation, marriage of a dependent, and/or change in student status. I understand that any misrepresentation is fraud and will be pursued to the fullest extent allowed by law.

Employee Signature: _____ Date: _____