



## ADDING DEPENDENTS

EMPLOYEE: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_

### Qualifying Event (Please check one):

- Marriage or Registration of Domestic Partnership\* (Date: \_\_\_\_\_)
- Birth of child (Date: \_\_\_\_\_)
- Adoption\* (Date: \_\_\_\_\_)
- Loss of Coverage\* (Date: \_\_\_\_\_)
- Other\*: \_\_\_\_\_ (Date: \_\_\_\_\_)

*\*Please attach supporting documentation such as marriage certificate, etc.*

### Add Dependent:

1. Name of Dependent: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number:(required for spouse only) \_\_\_\_\_  
Add to (please check all that apply):  Medical  Dental  Vision  
(For BS HMO, indicate physician and medical group: \_\_\_\_\_)
2. Name of Dependent: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number:(required for spouse only) \_\_\_\_\_  
Add to (please check all that apply):  Medical  Dental  Vision  
(For BS HMO, indicate physician and medical group: \_\_\_\_\_)
3. Name of Dependent: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number:(required for spouse only) \_\_\_\_\_  
Add to (please check all that apply):  Medical  Dental  Vision  
(For BS HMO, indicate physician and medical group: \_\_\_\_\_)

### Name Changes

**If you have a name change, you must submit a copy of your social security card (indicating the new name) and complete an Employee Address and Name Change form.**

### Beneficiary Changes

If you would like to change your beneficiary designations for the following plans, please check the appropriate boxes and the appropriate forms will be requested and sent to you through interoffice mail.

- CalPERS (retirement)  Reliance Standard (Life, AD&D, optional life)
- Last Checks/Warrants Beneficiary  Emergency Contact Information

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

HR USE ONLY:  BeneTrac \_\_\_\_\_

JDE \_\_\_\_\_

ACES \_\_\_\_\_