## **Dependent Add Form** Employee ID: Employee Name: Employee SSN: \_\_\_\_\_ Add Legal Spouse: Last, First Middle Name: (First) (Middle) Required Documentation must be attached: Copy of marriage license, registered civil union documentation or Affidavit of Common Law Marriage Copy of spouse's Social Security Card Date of Birth: \_\_\_\_/\_\_\_\_ Social Security Number: - -(format: mm/dd/yyyy) Same Mailing Address as Employee: Yes or No If No, correct mailing address: \_\_\_\_\_ Apt #\_\_\_\_\_ City: , State: Zip: Add Legal Dependent: Last, First Middle Name: \_\_\_\_\_ (First) (Middle) Relationship: (circle one) Child • Stepchild • Child under Guardianship • Other Legal Dependent Required Documentation must be attached: Copy of child's birth certificate or hospital birth record \_\_If applicable: Copy of adoption certificate, guardianship court order, qualified medical support order \_\_Copy of child's Social Security Card (format: mm/dd/yyyy) Date of Birth: \_\_\_\_/\_\_\_ Social Security Number: - -Same Mailing Address as Employee: Yes or No If No, correct mailing address: \_\_\_\_\_ Apt #\_\_\_\_ City: \_\_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Add Legal Dependent: Last, First Middle Name: \_\_\_\_\_ (Middle) (Last) (First) Relationship: (circle one) Child • Stepchild • Child under Guardianship • Other Legal Dependent Required Documentation must be attached: \_\_Copy of child's birth certificate or hospital birth record \_\_ If applicable: Copy of adoption certificate, guardianship court order, qualified medical support order \_\_Copy of child's Social Security Card Social Security Number: - -Date of Birth: \_\_\_\_/\_\_\_\_ (format: mm/dd/yyyy) Same Mailing Address as Employee: Yes or No If No, correct mailing address: Apt # \_\_\_\_\_\_ , State: \_\_\_\_\_\_ Zip: \_\_\_\_\_