HEALTH CARE BENEFITS CHANGE FORM

ADD DEPENDENTS

CHANGE IRS TAX STATUS OF DEPENDENT(S)

Last Name (Please Print)  First Name  Social Security Number  Employee Number

Home Address - Street  City  State  Zip  Email

Add Spouse/Domestic Partner

Add to  □ Medical  □ Dental  □ Vision  Effective Date:  

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Social Security Number</th>
<th>Date of birth</th>
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Relationship

□ Spouse  □ Domestic Partner  □ Male  □ Female  My IRS tax dependent  □ Yes  □ No

□ Changing from City-T to:  □ City-Preventative  □ Kaiser-Standard  □ Kaiser-Deductible

Reason

□ New spouse/domestic partner (attach Affidavit of Marriage/Domestic Partnership)  □ COBRA Coverage ended

□ Lost eligibility for other medical coverage (attach proof of other coverage)  □ Change in IRS Tax Status  □ Yes  

□ Now my IRS tax dependent.  □ No

Add Dependent Child(ren)

Add to  □ Medical  □ Dental  □ Vision  Effective Date:  

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Relationship

Employee’s Dependent  OR  Partner’s Dependent  OR  Other (Step-child or Legal Guardian)

□ Son  □ Daughter  □ Son  □ Daughter  □ Male  □ Female

Reason

□ Birth/Adoption  □ Court order/legal guardianship.  □ Lost other coverage (attach proof of coverage)

□ COBRA Coverage ended  □ Marriage/domestic partnership  □ Other

□ Changing from City-T to:  □ City-Preventative  □ Kaiser-Standard  □ Kaiser-Deductible

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Dependent Eligibility Information: If you have listed a dependent child over the age of 26 years, please answer the questions below about your dependent:

1. Incapacitated or Disabled?  □ Yes  □ No

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

Employee’s Signature  ___________________________  Date  ___________________________  

Revised February 2022