

Employment/Status Chg Date: _____

SECTION A: Employee Information			
Name (Last, First, MI)	EMPLOYEE ID #	Sex	Birth date
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

SECTION B: * Write the appropriate code for each dependent you are covering			
Spouse – 04	Natural Daughter/Son - 05	Stepchild – 17	Grandchild – 23
Marriage Date:	Adopted child – 09	Incapacitated child (over 25) – 07	Legal Guardian - 15

Indicate with an "X" the coverage you are adding/canceling for your dependent(s). Please Print.

DEPENDENT INFORMATION					Circle One	Coverage Type
1	First	Middle Initial	Last	Suffix	Add	Medical Life
	SSN	Birth Date(mm/dd/yyyy)	Relationship Code *	Gender	Or	Dental AD&D
					Cancel	Vision
2	First	Middle Initial	Last	Suffix	Add	Medical Life
	SSN	Birth Date(mm/dd/yyyy)	Relationship Code *	Gender	Or	Dental AD&D
					Cancel	Vision
3	First	Middle Initial	Last	Suffix	Add	Medical Life
	SSN	Birth Date(mm/dd/yyyy)	Relationship Code *	Gender	Or	Dental AD&D
					Cancel	Vision
4	First	Middle Initial	Last	Suffix	Add	Medical Life
	SSN	Birth Date(mm/dd/yyyy)	Relationship Code *	Gender	Or	Dental AD&D
					Cancel	Vision
5	First	Middle Initial	Last	Suffix	Add	Medical Life
	SSN	Birth Date(mm/dd/yyyy)	Relationship Code *	Gender	Or	Dental AD&D
					Cancel	Vision
6	First	Middle Initial	Last	Suffix	Add	Medical Life
	SSN	Birth Date(mm/dd/yyyy)	Relationship Code *	Gender	Or	Dental AD&D
					Cancel	Vision

ADDING DEPENDENT COVERAGE: I certify that any dependent listed above is my legally married spouse, my unmarried child under 25 years of age, or a special dependent who has made application for coverage under the UT insurance plan. Special dependents must be approved before coverage will be effective.

 Employee Signature _____
 Date

 Approved by _____
 Date

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information The University of Texas Health Science Center at Houston collects about you. It also gives you the right to request a copy of the information and to have The University correct any of the information that is wrong. You may request to receive and review any of the information or request corrections to it by contacting The Benefits Office of The University of Texas Health Science Center at Houston, 7000 Fannin Street, Houston TX 77030 or by phone at (713) 500-3935.