



Risk Management / Employee Benefits

DEPENDENTS ADD/DROP SHEET

Open Enrollment 2022 (Changes take effect 7/1/2022)

ADD DEPENDENT(S)

EMPLOYEE NAME _____

DATE OF BIRTH _____

WORK SITE _____

DEPENDENT TYPE:				DEPENDENT NAME
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____

FOR OFFICE USE ONLY

MC <input type="checkbox"/> x _____	CDP <input type="checkbox"/> x _____	BC <input type="checkbox"/> x _____
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DROP DEPENDENT(S)

EMPLOYEE NAME _____

DATE OF BIRTH _____

WORK SITE _____

DEPENDENT TYPE:				DEPENDENT NAME
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cert. Domestic Partner	<input type="checkbox"/> Child	Age _____	_____

Employee Signature _____

Date _____

*Enrollment of dependents requires necessary accompanying document (such marriage certificate, certificate of domestic partnership, birth certificate etc.)