

Dependent Information Form

This form is for information only and does not enroll your dependents in benefits. Use this form to update information for your eligible dependents with the University of Michigan. For more information on eligibility, visit hr.umich.edu/eligibility. Please print all information in **black ink**.

1. Faculty or Staff Member Information

Name (Last, First, Middle Initial)		UMID	U.S. Social Security Number (if UMID is unknown)
Date of Birth	Date of Hire (Service Date)	Email Address	Daytime Phone Number

2. Dependent Information

Dependent Name (Last, First)	Social Security Number ¹	Date of Birth (MM/DD/YY)	Gender (M/F)	Dependent Relationship Code (see below) ²	Date of Marriage or Divorce (MM/DD/YY)

¹Adult Dependent Social Security Number

The federal Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plans to report to Medicare the Social Security numbers of adults covered under a group health plan. To comply with this new law, please provide this information (not required for children). For more information on the mandatory reporting under this law, please see www.cms.hhs.gov/MandatoryInsRep/. Complete the following section only if your spouse or other qualified adult (OQA) whom you intend to enroll in medical coverage does not currently have a Social Security number. Be sure to sign and date the form.

- My spouse or OQA is eligible to obtain a Social Security number. The application was filed on _____ . I will complete and submit an updated Dependent Information Form after the Social Security _____ Date Filed number is received.
- My spouse or OQA is not eligible to obtain a Social Security number. _____ Reason or Government Issued Visa Number

Signature of Faculty or Staff Member

Date Signed

²Dependent Relationship Codes

Relationship Codes: SP = Spouse; C = Child; SA = Other Qualified Adult (OQA); CO = Child of OQA; SC = Stepchild; GC = Grandchild; R = Other Relative (niece or nephew); SB = Sibling Coverage for these relationships is only allowed when certain criteria are met. Proof of eligibility may be required. See the Benefits Office website at benefits.umich.edu/eligibility for details.



Questions?

If you have any questions, view hr.umich.edu/benefits-wellness, or call the SSC - HR Customer Care at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.), Monday through Friday from 8 a.m. to 5 p.m.

How to Return Your Signed and Completed Form

By FAX

Fax it to 734-763-0363.
Keep a copy of the fax transmission report with your form in your records.

By Mail

Make a copy for your records and send the original by **Campus Mail or U.S. Mail to:**
Benefits Transactions
1000 Victors Way
Ann Arbor, MI 48108