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*=Required

Addition of a Dependent Form

This form is for adding any dependents to your coverage. If the additional dependent is due to a marriage, birth, or adoption, notification of the additional dependent must be made within 30 days of the qualifying event.

Step 1: Primary Qualified Beneficiary Information

*Primary Qualified Beneficiary Name (First, MI, Last)

*Social Security Number

*Previous Employer (Do not abbreviate)

Day Telephone

Email Address

Step 2: Dependent Information

If adding a spouse, please complete Step 2a. If adding one or more children, please complete Step 2b.

Step 2a: Spouse Information

*Spouse Name (First, MI, Last)

*Social Security Number

*Date of Birth (mm/dd/yyyy)

*Date of Marriage (mm/dd/yyyy)

*Please add the above dependent to the following plans:

☐ Medical ☐ Dental ☐ Vision ☐ Other (_____)

Step 2b: Child(ren) Information

*Child Name (First, MI, Last)

*Social Security Number

***Date of Birth (mm/dd/yyyy)**

*Please add the above dependent to the following plans:

☐ Medical ☐ Dental ☐ Vision ☐ Other (_____)

*Child Name (First, MI, Last)

*Social Security Number

***Date of Birth (mm/dd/yyyy)**

*Please add the above dependent to the following plans:

☐ Medical ☐ Dental ☐ Vision ☐ Other (_____)

Step 3: Primary Qualified Beneficiary Certification

I understand submission of this form is to add one or more qualifying dependents to my COBRA continuation coverage. Further, I understand the addition of any dependents may affect my monthly premiums.

*Primary Qualified Beneficiary Signature

*Date

For office use only: