

**SOUTHWEST COMMUNITY HEALTH SYSTEM
DEPENDENT INFORMATION FORM**

Southwest continuously takes steps to control healthcare costs in order to provide both comprehensive and affordable coverage to employees and eligible dependents. As part of this ongoing effort and to meet regulatory requirements, the following information is necessary for any eligible dependents for which you may be electing coverage either now or in the future.

INSTRUCTIONS:

1. Print your full name and Employee Number
2. Read and sign to verify acknowledgement
3. Complete each column for your eligible dependent (**incomplete forms will not be accepted***)
4. Bring completed form to Human Resources along with the necessary supporting documentation (see back of sheet) to verify dependent eligibility

By signing below, you are acknowledging that you understand the requirements for an eligible dependent and that it is your responsibility to notify Southwest General within 30 days if the eligibility of one of your dependents changes. Completing this form will add your dependent to our system but **does not enroll them in benefits**. Dependents can be added to your insurance through Employee Self Service during annual enrollment or by completing the Benefits Change Form within 30 days of a qualified life event. *Newborn exception pending issue of a social security number; contact HR upon receipt.

Employee Name: _____
(Please Print)

Employee Number: _____

Employee Signature: _____

LAST NAME	FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER*	RELATIONSHIP	SEX	HR Verified* Office Use Only
				Spouse		
				Child		
				Child		
				Child		
				Child		
				Child		
				Child		

THIS INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED FOR BENEFIT ENROLLMENT PURPOSES.

ELIGIBLE DEPENDENT DEFINITION

Spouse

- Your legal spouse (not divorced or legally separated)

Children

- Your or your spouse's children to the end of the month when they turn age 26
- Your or your spouse's legally adopted children to the end of the month when they turn age 26
- Your or your spouse's children under an official court-appointed guardianship to the end of the month when they turn age 26
- Your or your spouse's handicapped children over the age of 26 who rely on you for support

ACCEPTABLE VERIFICATION

Legal Spouse

- Copy of marriage certificate **or** copy of page one of your most recent tax return (you may cross out wage information)

Children

- Biological Child: Birth Certificate
- Adopted Child: Birth Certificate or Adoption Certificate or Placement Agreement
- Step-Child: Birth Certificate AND documents to verify Legal Spouse as outlined above
- Legal Guardianship: Birth Certificate AND Legal documentation from the state court or federal government documenting the legal guardianship status
- Disability Form (Disabled Children age 26 and older)

EXAMPLES OF INELIGIBLE DEPENDENTS

- Employee's parents
- Grandchildren
- Nieces/Nephews
- Ex-Spouses
- Common-law marriage partners
- Foster children who have not been legally adopted
- Children over the age of 26 who are not legally disabled