

System Member _____
 Documents reviewed _____

Dependent Enrollment/Change Form

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Section 1

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UIN or Social Security number

Employee/Retiree name _____
 (please print) Last First MI

If you have a spouse/parent/child who currently works for The Texas A&M University System, please provide his/her name _____ and UIN/Social Security number _____.

Please be sure to sign this form, send ALL pages back as required, and write your UIN number on ALL pages.

Office use: ED _____

Section II

List the required information for each dependent you wish to add to or drop from coverages. Write "Add" or "Drop" under the coverage column for each dependent. Write "Same" if you are retiring and continuing your current dependent coverage. Eligible dependent children may be covered on dental, vision and dependent life coverage until age 25 and on health coverage until age 26. Adding/dropping a dependent because of a Change in Status **must be done within 60 days after the change. SSN is required if adding a spouse age 45 and older or any other dependent with Medicare coverage. If you and your spouse are both employed by or retired from the A&M System, you cannot both cover the same child(ren) under Health, Dental, Vision and/or Dependent Life. Please allow 7 business days processing time to carrier before scheduling appointments or filling prescriptions.**

| Dependent Name (last, first, MI) | SSN (If required) | Relationship Number - see page 3 | Gender M/F | Birthdate (mm/dd/yyyy) | Tobacco user? Y/N | Marital Status M/S | Health Add or Drop | Dental Add or Drop | Vision Add or Drop | Depend. Life† Add or Drop |
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† If you are adding dependents to Dependent Life, choose one of the following plans:

Plan A _____ (must be enrolled in Optional Life) Spouse amount: \$25,000 ___ \$50,000 ___ \$75,000 ___ \$100,000 ___ \$150,000 ___ \$200,000 ___
 Child amount: Same as current child coverage ___ OR \$10,000 ___ **Plan B** (flat rate) ___, **Plan C** (based on Alternate Basic Life coverage) _____

If you are adding dependents at a time other than during Annual Enrollment, you must complete **Section IV** of this form.

For Life, if you are adding dependents by providing evidence of good health, coverage is effective the first of the month following approval.

If you are continuing dependent coverages due to retirement, check here _____ and skip **Sections III and IV**.

If any of these dependents are transferring coverage from another A&M System employee, please indicate the other employee's name _____ and Social Security number/UIN _____.

For Life, evidence of good health is required to add spouse coverage greater than \$50,000. Forms are available from your Human Resources office.

Section III

Documentation is required to add dependents, see page 3. Coverage cannot be added until documentation is provided.

If you are adding or dropping a dependent(s) to or from health/dental/vision coverage, you must complete A, B, C or D (next page).

A. I was hired within the last 60 days. yes ___ no ___ Date of hire: _____

B. I am making a change within 45 days after my employer contribution eligibility date. yes ___ no ___

C. I am adding/dropping a dependent during the Annual Enrollment period. yes ___ no ___

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|------------|
| Date Stamp |
|------------|

HR 101 (Dependent Enrollment/Change Form/Certification)

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UIN or Social Security number

- D. Write the **date** of the Change in Status you experienced on the line next to the appropriate event: Employee's marriage _____ or divorce _____ or death of employee's spouse _____
- Birth _____, adoption _____ or death _____ of a dependent child
 - Change in employee's, spouse's or dependent child's employment status that affects benefit eligibility, such as leave without pay or spouse taking a job with a new employer _____
 - Child becoming ineligible for coverage due to reaching maximum age or marrying (dependent children enrolled in health coverage may be married) _____
 - Changes in the employee's, spouse's or a dependent child's residence that would affect eligibility for coverage _____
 - Employee's receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) medical coverage for a child _____
 - Changes made by a spouse or dependent child during his/her annual benefit/insurance enrollment period with another employer _____
 - The employee, spouse or dependent child becoming eligible or ineligible for Medicare _____ or Medicaid _____
 - Significant employer- or carrier-initiated changes in or cancellation of the employee's, spouse's or dependent child's coverage _____

Section IV

If you are dropping an eligible dependent from your existing coverage, the effective date is the end of the month in which your Human Resources office receives the paperwork to drop the dependent. However, if a dependent becomes ineligible for coverage, his/her coverage ends at the end of the month in which he/she becomes ineligible, regardless of when your Human Resources office receives the paperwork.

If you are completing this form on or before your hire date, choose the date on which your dependent's coverage will take effect:

- Medical Your hire date 1st of the month following receipt of form in the HR office Your employer contribution eligibility date
- Optional Your hire date 1st of the month following receipt of form in the HR office Your employer contribution eligibility date

If you are adding a dependent to your coverage after your hire date but within 60 days of employment/eligibility, choose an effective date:

- Medical 1st of the month following receipt of form in the HR office Your employer contribution eligibility date
- Optional 1st of the month following receipt of form in the HR office Your employer contribution eligibility date

If you are adding a dependent within 60 days of a Change in Status, choose an effective date:

The date of the Change in Status. However, if this form is received in the Human Resources office after the Change in Status, the change will be effective the first of the month, after the receipt of the form (If the form is received the first day of the month, coverage can be effective on that day.)

If you choose this option, you must pay premiums for the entire month.*

1st of the month following receipt of this form in the HR office

* Newborn coverage, if added through this form within 60 days of birth, is effective on the birthdate.

Section V

This document serves as an affidavit that the dependent(s) you are adding to your Texas A&M University System benefit plan(s) meets the legal definitions of the eligible relationships described. Children, married or unmarried, can be covered up to age 26 on any medical plan. Unmarried children can be covered up to age 25 on the dental, vision and life insurance plans. Dependents not eligible for coverage include a same-sex partner or a former spouse. Coverage also is available for physically or mentally disabled dependent children if the disability occurred before age 25. We will need a doctor's certification including the dependent child's diagnosis, onset and extent of disability. For medical coverage, this will need to be approved by the medical carrier.

If you are adding a dependent, you need to provide the documentation based on the type of dependent you are adding. Page 3 of this form provides details of the required documentation.

Certification and signature: I certify that I have read the legal definitions of the relationships that I am claiming in order to add/drop my dependent(s). I understand that I may be required to provide additional documentation. I further understand that should it be found that I have made a false statement in connection with my relationship to such dependent(s), my benefit coverage will be canceled and I may be prosecuted to the full extent of the law.

Payroll Deduction/Billing Agreement: I authorize The Texas A&M University System to deduct from my earnings the amount required to cover my share of the premiums for these coverages. If I am being billed, I understand that failure to pay my premium(s) will result in cancellation of coverage. **Release of Information:** I understand that certain information collected by the A&M System, including some collected using this form, must be sent to the carriers of the plans in which I have enrolled. The A&M System and the insurance carriers will treat this information as confidential.

Tobacco User Agreement: I understand that if I have indicated on this form that a dependent is not a tobacco user and this proves to have been a false statement, the dependent benefit coverage will be cancelled.

Employee/Retiree signature in ink (blue preferred): _____

Signature

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Signature date (MM/DD/YYYY)

Daytime phone number _____

1. Legally Married Spouse
 Your most recent Federal Tax Return. Financial information should be blacked out.
OR
Marriage Certificate AND Proof of Joint Ownership dated less than six months old. Recommendations include joint ownership of a motor vehicle, driver’s licenses listing a common address, assignment of a durable property power of attorney or healthcare power of attorney, a mortgage or bank statement, property tax bill or rental/lease agreement. Documents must include both the employee’s name and the spouse’s name.

1. Common Law Spouse
Texas Declaration of Informal/Common Law Marriage from the County where the marriage was recognized or recorded.
OR
 Your most recent Federal Tax Return AND Proof of Joint Ownership dated less than six months old. Recommendations include Joint ownership of a motor vehicle, driver’s licenses listing a common address, assignment of a durable property power of attorney or healthcare power of attorney, a mortgage or bank statement, property tax bill or rental/lease agreement. Documents must include both the employee’s name and the spouse’s name.

2. Biological or Adopted Child (adoption complete)
 Birth Certificate
OR
 Documentation on hospital letterhead indicating the birth date of the child for children under 6 months old.

3. Stepchild
 Child’s Birth Certificate showing the child’s parent as the employee’s spouse, **AND** Marriage Certificate showing legal marriage or the Texas Declaration of Informal/Common Law Marriage between employee and child’s parent.

4. Adopted Child (in progress)
 Official court/agency placement papers (initial stage)
OR
 Official Court Adoption Agreement for an Adopted Child (mid-stage)

5. Grandchild
 A document that shows the child’s address is the same as the employee’s address. Proof of residency must be an official document in the form of:

For school age children: current year school records for grandchildren of school age and/or a valid driver’s license for grandchildren of driving age.

OR
For non-school age children: currently dated federal or state benefit assistance program record based on residence (such as Medicaid), a court record establishing residence, a copy of the daycare record on the daycare’s letterhead or the part of the social security card with the home address of the child for children not of school age.

*** A tax return is NOT proof of residency for a grandchild and will NOT be accepted as appropriate documentation.**

*** Foreign documents other than marriage license or birth certificate should be accompanied by an English translation.**

6. Foster Child
 Official Court or Agency Placement papers

7. Legal Guardianship
 Court Order establishing the appropriate legal relationship.

8. Managing Conservatorship
 Court Order establishing the appropriate legal relationship.