

HR 101 (09/15)

System Member \_\_\_\_\_  
Documents reviewed \_\_\_\_\_

The Texas A&M University System  
**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**

			-			-				
--	--	--	---	--	--	---	--	--	--	--

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/hers name and UIN/Social Security number \_\_\_\_\_.

3 O H B M W W R V L J Q W K I G I S D J P H V E D H T W L D V Q G Z U R L X W H Q X P B S U / S D J H V  
2 1 1 L X W H ( ' \_\_\_\_\_

**Section II**

List the required information for each dependent you wish to add: add to 0.0022 / C 0.007 Tw 0.253 2r 0 0

**Section III**

' R F X P H Q W D V T L F L O R V D G G G H S H S O G H I Q W V & R W H I O R W H E H D G G H G X Q W L O  
G R F X P H Q W S R V L R G I G V

DateStamp
-----------

If you are adding or dropping a dependent(s) 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 \_\_\_



Dependent Enrollment/Change Form

The numbers before each paragraph represent the dependent certification

1. / H J D O D U U 6 B B X V H  
Your most recent Federal Tax Return(s) showing that you are married filing jointly or separately. Financial information should be blacked out.

2 5  
Marriage Certificate AND Proof of Joint Ownership  
dated less than six months old. Recommendations