



**WELFARE BENEFITS  
DEPENDENT IDENTIFICATION**

Please list your spouse and all dependent children. Please use full names, birth dates and social security numbers.

Spouse Full Name	Social Security #	Birth Date	Date of Marriage
_____	_____	_____	_____

Dependent(s) Full Name	Social Security #	Birth Date	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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***If you are a new participant or if you are adding a new dependent to the plan, the following must be included:***

**Spouse** – Copy of county or other government-issued marriage license and a Spouse Employment Information Form. (We cannot accept religious marriage certificates.)

**Children** (including step-children) – Copy of county or other government-issued birth certificate. (We cannot accept hospital birth certificates). If you are adopting a child and the adoption has not been finalized, submit the legal documents confirming the child adoption process. For new babies, please call our office with the child’s social security number when you receive it.

**Step-children** – Copies of the insurance cards from the natural parent(s) insurance plan(s). If neither parent provides health insurance, include a statement to that effect.

All children are covered through the end of the month of their 26th birthday.

***Please contact our office if you need any of the above forms.***