

University of Michigan

# Dependent Information Form

**This form is for information only and does not enroll your dependents in benefits.** Use this form to update information for your eligible dependents with the University of Michigan. For more information on benefits eligibility, visit [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness). Please print all information in **black** ink. Be sure to sign and date the form.

## 1. Faculty or Staff Member Information

Name (Last, First, Middle Initial)		UMID	U.S. Social Security Number (if UMID is unknown)
Date of Birth	Date of Hire (Service Date)	Email Address	Daytime Phone Number

## 2. Dependent Information

Dependent Name (Last, First)	Social Security Number <sup>1</sup>	Date of Birth (MM/DD/YY)	Gender (M/F)	Relationship Code (see below) <sup>2</sup>	Date of Marriage or Divorce (MM/DD/YY)

### <sup>1</sup> Dependent Social Security Number

The federal Mandatory Insurer Reporting Law requires group health plans to report to Medicare the social security numbers of adults covered under a group health plan. Under the Affordable Care Act, the university is also required to request the social security number of each person enrolled under a U-M health plan, including children. If you do not provide your dependents' social security numbers at this time, you will receive requests from U-M to allow the university to comply with federal legislation.

Complete the following section only if your spouse or OQA whom you intend to enroll in U-M health plan coverage does not currently have a social security number.

- My spouse or OQA is eligible to obtain a social security number. The application was filed on \_\_\_\_\_ Date Filed  
I will complete and submit an updated Dependent Information Form after the social security number is received.
- My spouse or OQA is not eligible to obtain a social security number. \_\_\_\_\_ Reason

### <sup>2</sup> Dependent Relationship Codes

Relationship Codes: SP = Spouse; C = Child; SA = Other Qualified Adult (OQA); CO = Child of OQA; SC = Stepchild; GC = Grandchild;  
R = Other Relative (niece or nephew); SB = Sibling; EXS = Ex-Spouse Coverage for these relationships is only allowed when certain criteria are met. Proof of eligibility may be required. See [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness) details.

\_\_\_\_\_  
Signature of Faculty or Staff Member

\_\_\_\_\_  
Date Signed



HUMAN RESOURCES  
**BENEFITS OFFICE**  
UNIVERSITY OF MICHIGAN

### Questions?

If you have any questions, review benefits information at [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness), or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.), Monday through Friday from 8 a.m. to 5 p.m.

### Receipt Confirmation

A confirmation email will be sent to your UMICH email address within 72 hours of receipt of your form.

### How to Return Your Signed and Completed Form

#### By FAX

**Fax it to 734-763-0363.**  
Keep a copy of the fax transmission report with your form in your records.

#### By Mail Only

Make a copy for your records and send the original by **Campus Mail or U.S. Mail to:**  
SSC Benefits Transactions  
Wolverine Tower  
3003 South State Street  
Ann Arbor, MI 48109-1276