Dependent Add / Change Form

Last Name              First Name           MI    Employee ID
____________________________________         _____________

Department            Extension

Eligible Dependents
If you are eligible for medical benefits, you may cover your eligible dependents. They include:
  • your spouse
  • your (or your spouse's) unmarried children under age 23 including adopted children and children placed for
    adoption.
  • children under age 23 for whom you are legal guardian
If any such children are not eligible to be federal income tax dependents, the Benefits Office must be notified and
you must be taxed on the full value of the premium.

This plan does not provide coverage for foster children or grandchildren unless you have obtained legal
guardianship.

Dependent Information:

<table>
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<tr>
<th>Add/Remove</th>
<th>Name of Dependent</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Gender</th>
<th>Relationship</th>
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If you gain an eligible dependent through a change in family status or coverage change, you may cover that
dependent by applying to the Benefits Office within 31 days after you have legally acquired the dependent.
Coverage will begin as of the date you acquired the dependent.

By signing below, I certify that the information I have provided is accurate to the best of my knowledge and that the listed dependents are
eligible for coverage as detailed above. I understand that I may be required to submit proof of dependent relationship and/or proof of family
status change as required under Section 125 of the Internal Revenue Code.

_____________________________  ____________________________
Signature                                                                    Date

Please send completed form to:  DePaul University
Human Resources
1 E. Jackson
Chicago, IL 60604

Revised 11/18/04