



Dependent Add / Change Form

| | | | |
|------------|------------|----|-------------|
| Last Name | First Name | MI | Employee ID |
| Department | Extension | | |

Eligible Dependents

If you are eligible for health benefits, you may also cover your eligible dependents. They include:

- your spouse
- your (or your spouse’s) unmarried natural born, adopted or placed for adoption (meaning placed permanently with the employee for adoption) child, stepchild, or a child for whom the employee is the court-appointed legal guardian under the following guidelines.*
 - For medical – under age 26, or under age 30 if a military veteran residing in Illinois
 - For dental and vision - under age 23 with additional eligibility requirements**
 - For dependent life insurance - under age 26

Refer to the General Information SPD on the Human Resources website for additional eligibility information including dependent tax implications. If any such children are not eligible to be federal income tax dependents, the Benefits Department must be notified and in accordance with IRS guidelines, you will be taxed on the portion of the premium associated with that dependent.

If you are adding dependent children age 19 or over, you must also complete the *Declaration of Tax Status* form.

| Dependent Information: | | | | | |
|------------------------|-------------------|---------------|---------------------------|--------|--------------|
| Add/ Remove | Name of Dependent | Date of Birth | Social Security Number | Gender | Relationship |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If you gain an eligible dependent through a change in family status or coverage change, you may cover that dependent by notifying the Benefits Department 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 – Benefits Department
1 E. Jackson
Chicago, IL 60604**

*This plan does not provide coverage for foster children or grandchildren unless you have obtained legal guardianship.
**Refer to the General Information SPD on the Human Resources website for additional eligibility requirements.