

DEPENDENT INFORMATION

Privacy Notice: With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

EMPLOYEE NAME:	UT EID:	EFF. DATE:
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Reason for Change:

New Enrollment <input type="checkbox"/>	Legal Guardianship <input type="checkbox"/>	Leaving Service Area <input type="checkbox"/>
Change within 31 days <input type="checkbox"/>	Divorce <input type="checkbox"/>	Reached limiting age of 25 <input type="checkbox"/>
Marriage <input type="checkbox"/>	New to Country <input type="checkbox"/>	Death <input type="checkbox"/>
Newborn <input type="checkbox"/>	Gain of Employment <input type="checkbox"/>	Annual Enrollment <input type="checkbox"/>
Adoption <input type="checkbox"/>	Loss of Employment <input type="checkbox"/>	Retirement <input type="checkbox"/>
Transfer Coverage From:		To:
Other:		

Please print. Indicate with an "X" the coverages you are adding and/or canceling for each dependent.

Relationship Code (see below)*	Dependent's Last Name, First, MI	SS Number	BIRTHDATE MMDDYYYY	Sex M/F		Medical	Dental	Vision	Term Life	Personal Accid Ins
					ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					CANCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					CANCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					CANCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					CANCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					CANCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					CANCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Write the appropriate relationship code listed below:

04=Spouse	89=Step Child	89=Legal Guardian/Ward
05=Natural Son/Daughter	23=Grand Child	OT=Other
05=Adopted Child	07=Incapacitated Child over 25	

Dependent includes: Your legally married spouse, unmarried child from birth until his or her 25th birthday, stepdaughter, stepson, granddaughter, grandson, nephew, niece, adopted son or daughter or surviving dependent. It does not mean anyone who: (1) is active in the armed forces of any country; or (2) has coverage under these plans as a UT employee/retiree or as a dependent of another UT employee/retiree. If you want to cover a dependent other than your natural daughter, son or legally married spouse, please request a Special Dependent Application form from a UTSA Benefits Representative.

I certify that all dependents listed above (except spouse, if listed above) are under age 25, unmarried, not active military and are not covered as a dependent of another UT employee or has coverage as UT employee. If electing insurance coverage for spouse, I certify that my spouse is my legally married spouse and he/she is not covered under a UT plan.

Employee Signature

Date

HR USE ONLY: Entered on _____ by: _____