



DEPENDENT ATTACHMENT FORM (for additional dependents)

2401 N. Lincoln Blvd., Oklahoma City, OK 73105 – Phone: 405-522-5528 or 800-219-8115

- Submitted with the Change Request Form.
- Submitted with the Newly Eligible Form.
- Submitted with the Option Period Enrollment Form.

Employee name _____ SSN _____

Agency name _____ Agency # _____

If you are a new hire enrolling in an HMO or prepaid dental plan, designate a PCP and PCD for each child. Please list **ONLY** individuals being added or dropped on the health, dental, Dependent Life or vision plans.

Child: **Health** Name _____ SSN _____
 _____ Add _____ Drop DOB _____ Sex _____

Dental
 _____ Add _____ Drop Address _____

Vision
 _____ Add _____ Drop Primary care physician _____

Dependent Life
 _____ Add _____ Drop Primary care dentist _____

Child: **Health** Name _____ SSN _____
 _____ Add _____ Drop DOB _____ Sex _____

Dental
 _____ Add _____ Drop Address _____

Vision
 _____ Add _____ Drop Primary care physician _____

Dependent Life
 _____ Add _____ Drop Primary care dentist _____

I hereby authorize and agree to a salary reduction, if necessary, to implement my elections. I understand my elections are binding and irrevocable and will remain in effect for the plan year unless I experience an allowable midyear change and provide documentation within 30 days of such event. I also understand any money left in the reimbursement account(s) will be forfeited after the end of the plan year.

Employee signature _____ **Date** _____

The Change Request Form or Newly Eligible Form plus documentation must be sent to the Employee Benefits Department of HCM. Copies should be retained by the benefits coordinator and must be available at any time upon request from the Employee Benefits Department of HCM. If all requested information is **not** completed on this form by either the employee or the benefits coordinator, it will be returned for completion, which could result in a delay or denial of the request.

Benefits coordinator signature _____ **Date** _____

BC phone number _____ **Email** _____