

Dependent Data Verification Form

As part of the new hire process, for benefits purposes, Washington University requires the completion of this Dependent Data Verification Form. Listing a dependent does not guarantee that he/she will be eligible to participate in the Washington University benefit plans. The Benefits Department will make the determination of dependent eligibility for coverage when completed enrollment forms are reviewed. Fully completed enrollment forms must be received in the Benefits Office within 31 days of the date of hire.

Employee or **Non Employee** Name: _____ A Non Employee is paid by a Stipend (non wages) such as Research Fellows, Clinical Fellows and Postdoctoral Trainees.

Social Security Number: _____

Department Name: _____

Relationship To Employee or Non Employee	Does your Spouse or Domestic Partner work for Washington University?	Last Name	First Name	M.I.	Gender	Date of Birth	Social Security #	Marital Status	Full Time Student (Life Insurance only)	Disabled (Children age 24 or older)
<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ mm/dd/yyyy	____/____/____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	N/A	N/A
<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner Son <input type="checkbox"/> Domestic Partner Daughter	N/A				<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ mm/dd/yyyy	____/____/____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner Son <input type="checkbox"/> Domestic Partner Daughter	N/A				<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ mm/dd/yyyy	____/____/____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner Son <input type="checkbox"/> Domestic Partner Daughter	N/A				<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ mm/dd/yyyy	____/____/____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner Son <input type="checkbox"/> Domestic Partner Daughter	N/A				<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ mm/dd/yyyy	____/____/____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner Son <input type="checkbox"/> Domestic Partner Daughter	N/A				<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ mm/dd/yyyy	____/____/____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner Son <input type="checkbox"/> Domestic Partner Daughter	N/A				<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ mm/dd/yyyy	____/____/____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions to complete this form:

1. If the column requires you to choose a category please check the box next to the category that applies
2. List your spouse/domestic partner and your children (*step children are considered son or daughter*)
3. Full Time Student Status is tracked for dependent children age 19 to 23 for life insurance purposes only.
4. Disabled Status is for health/dental insurance for children age 24 or older.

I verify that the above dependent data is true to the best of my knowledge.

Signature

_____/____/____
Date

Please return this form to your department as soon as you have completed this data.