



5-Byte ID:



Dependent Information Form

Employee:

Building:

Dependent Information for Dependents Added Using Google Benefit Election Form or for newborns added within 30 days:

Spouse's Name:	SS#: - -
Child #1 Name:	SS#: - -
Child #2 Name:	SS#: - -
Child #3 Name:	SS#: - -
Child #4 Name:	SS#: - -
Child #5 Name:	SS#: - -
Child #6 Name:	SS#: - -

Signature

Date

For your privacy and security, please do NOT email forms containing Social Security Numbers. Please return the form to the Benefits Office for processing in person, by mail or via fax to 248-489-3318.

Date Received: _____