MT. DIABLO UNIFIED SCHOOL DISTRICT
Human Resources
Benefits Office
(925) 682-8000 x 4152
benefits@mdusd.org

BENEFITS USE ONLY:

IFAS
- ❑ ADD DEPENDENT(S)
- ❑ END DEPENDENT(S)

KCARES
- ❑ EMPLOYEE ONLY
- ❑ DEPENDENT(S)

DENTAL & VISION -- CHANGE IN ENROLLMENT

EMPLOYEE INFORMATION: (Please PRINT all information)

Name: _____ ID#: _____
Last First MI

Social Security #: _____ Phone #: _____

Email Address: _____

Position: _____ Work Site: _____

Event Date: _____ Effective Date: _____

Action Requested: ❑ Adding Dependent(s) ❑ Dropping Dependent(s)

Reason for change:: _____

Address for Cobra notification: _____

DEPENDENT INFORMATION:

List **ALL** dependents to be added or dropped.
Dependent Relationship is spouse, son, daughter, stepson, stepdaughter, adopted son, adopted daughter, domestic partner, or, if other, please specify.

Specify Add or Drop	Dependent Name	Dependent Relationship	Dependent Date of Birth	Social Security #

I understand there is no contribution required by me for coverage of myself or my dependents. (Exceptions – See COBRA enrollment). I agree to continue membership in this program during employment and while the program is in force and I agree to comply with the terms of the group contract.

Employee Signature: _____ ***Date:*** _____