

Dependent Change Request Form

HR-BEN-600



Section 1 - Information and Instructions

The purpose of this form is to remove or change CURRENT dependents ONLY on your health insurance. If you need to add a NEW dependent, please contact BSC to obtain the correct form.

Please submit a signed copy of this form with required documentation (see page 2, section 6) via:

Fax: 212-852-8700

Email: BSC-benefits@mtabsc.org

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123 or bscservice@mtabsc.org;

Section 2 - Employee Information

Print Name	Last			First	M.I.	BSC ID
						Pass #
Street Address					Apt #	
City			State		Zip Code	
Phone (H)	Phone (W)		Phone (M)		Email	

Your health insurance cards will be mailed to the address on your pay stub. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new health insurance cards.

Section 3 – Coverage Election

Please indicate the plan(s) you are updating for your CURRENT dependent(s).

MEDICAL DENTAL VISION LIFE INSURANCE

Section 4 – CURRENT Dependent Information

REMOVE OR CHANGE CURRENT DEPENDENTS ONLY

Please fill in all information for any CURRENT dependent(s) you wish to remove or change and submit Required Documentation (see Section 6-Documentation). Failure to submit required documentation will result in your request **NOT** being processed.

DOMESTIC PARTNER

Please contact the Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will not be enrolled in health coverage unless an application is submitted and approved by the Benefits Department.

If you are disenrolling a Domestic Partner, please complete and submit this form along with the Domestic Partnership Termination form.

Check One: Indicate (R) Remove OR (C) Change		Relationship: Check one			Gender		Date of Birth				
R	C	Name	SSN	Spouse	Domestic Partner	Child	F	M	Month	Day	Year

Section 5 - Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct and current. I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are not eligible for another employer sponsored coverage.

Employee Signature	Date
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Section 6 – Required Documentation

FOR NYCT PLANS:

1. For a Spouse

A copy of Marriage Certificate, Birth Certificate, and Social Security card are required.

In place of a required Birth Certificate, any of the following official government documents can be submitted.

- Any other official Government documents are:
 - A letter from Social Security containing your spouse's date of birth
 - Valid US Passport
 - Valid Driver's License-New York
 - Resident Alien Card
 - Public Assistance ID Card
 - Government Employment ID

2. For Children

- For a Natural-Born Child, a copy of:
 - Birth Certificate showing employee's name
 - Social Security Card
 - Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid and therefore not acceptable.
- For a Stepchild, or Legally Adopted Child, a copy of:
 - Birth Certificate
 - Social security card
 - Legal documentation concerning adoption/guardianship

FOR ALL NYSHIP PLANS:

1. For a Spouse

A copy of Marriage Certificate, Birth Certificate, and Social Security card are required. In place of a required Birth Certificate, a passport may be accepted.

2. For Children

- For a Natural-Born Child, a copy of:
 - Birth Certificate showing employee's name
 - Social Security Card
- For a Stepchild, or Legally Adopted Child, a copy of:
 - Birth Certificate
 - Social security card
 - Legal documentation concerning adoption/guardianship

AND

FOR ALL PLANS:

If your date of marriage is more than one year old, proof of joint ownership is required.

Please submit one of the documents below in addition to your required documents. Both the employee and spouse's name must be listed on the documentation of joint ownership. Where indicated, proof* must be dated within the past 90 days. Examples include a copy of:

- Your most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name must appear on the tax form on the line provided after the "married filing separately" status (or vice versa). Submit page 1 of the tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension/life insurance/will, designating your spouse as beneficiary
- Mortgage Statement /Rental/Lease Agreement or Property Tax Document*
- Utility/phone/internet/cable bills*

If you are removing a spouse due to divorce, please submit the first and last page of your divorce decree showing the court filing date.