

**Dependent Family Member Change Form**  
**Additions/Deletions**

Member's Name \_\_\_\_\_

Member's SSN: \_\_\_\_\_

**Additions:**

Dependent's Name: \_\_\_\_\_

Dependent's SSN: \_\_\_\_\_

Dependent's DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent's Sex: \_\_\_\_\_

Reason for change: \_\_\_\_\_

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Dependent's Name: \_\_\_\_\_

Dependent's SSN: \_\_\_\_\_

Dependent's DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent's Sex: \_\_\_\_\_

Reason for change: \_\_\_\_\_

**Deletions:**

Dependent's Name: \_\_\_\_\_

Dependent's SSN: \_\_\_\_\_

Dependent's DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent's Sex: \_\_\_\_\_

Reason for change: \_\_\_\_\_

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Dependent's Name: \_\_\_\_\_

Dependent's SSN: \_\_\_\_\_

Dependent's DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent's Sex: \_\_\_\_\_

Reason for change: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Building: \_\_\_\_\_