RAMSEY COUNTY

Human Resources Department Dependent Form

(Please print all information clearly using black ink)

Employee Name:	**Department:**	**Employee ID #:**
Qualifying Event:		**Date of Event:**

Dependents: List the names of your dependents in the spaces below.			**Relationship to Employee *** Daughter, Son, Foster Child, Stepchild, Grandchild, Legal Spouse *(in MN)*	**Birthdate** *mm/dd/yyyy*	**Social Security Number** (*To comply with Medicare Secondary Payer Regulations)*	**Gender** (M/F)	**If dependent is a grandchild, do you provide the majority of the financial support? (Y/N)**	**Medical**	**Dental**
First Name	MI	Last Name							
				/ /	/ /			Add ☐ Delete ☐	Add ☐ Delete ☐
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Attach more sheets if necessary to list your dependents.

* To be eligible for insurance, all children must be under the age of 26. (Disabled children may be covered past age 26 if they have been approved for coverage by the insurance company.) Grandchildren must be dependent on the employee for the majority of the financial support to be eligible for medical and dental insurance. Ex-spouses, common-law spouses, and domestic partners are not eligible for medical or dental insurance coverage. If you and your spouse both work for Ramsey County, only one of you can cover the family, and you cannot be covered under your spouse's coverage if you are covered under single coverage.

Are you or any of your dependents covered under other health insurance plans or Medicare? Yes ☐ No ☐ **If yes, provide the following information:**

Name(s) of Family Member(s)	**Insurance Company Name & Address**	**Name of Policy Holder**	**Policy Holder Date of Birth**	**Policy Number**	**Effective Date**
			/ /		/ /
			/ /		/ /

By signing this form, I certify that the information provided is true and correct. I further understand that should any of my dependents at any time not meet the medical or dental coverage eligibility requirements of the County or the insurance carriers, whether due to divorce or other reasons, I will inform Ramsey County of such change in a timely manner. I understand that Ramsey County may periodically ask for substantiation of dependent status, and that claims paid for ineligible dependents may be retroactively denied.

_____ _____

Employee Signature ***Date***

HR-BENEFITS PROCESSING ONLY
Insurance Effective Date
/ /

5/12/2016