

**Instructions:** Use this to add additional dependents to your insurance coverage. This form is a supplement; please submit it with the main enrollment form.

**Section 1: Member Information**

LAST NAME			FIRST NAME		M.I.
EMPLOYEE ID NUMBER (EIN)	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> NEW HIRE
STREET		CITY	ZIP	COUNTY	<input type="checkbox"/> RETURN-TO-WORK RETIREE
HOME PHONE		CELL PHONE	EMAIL		

**Section 2: Dependent Information**

If adding dependents not previously covered: Submit this form, the main enrollment form AND the required supporting documents, as listed on [benefitoptions.az.gov/QLE](http://benefitoptions.az.gov/QLE) to [benefits@azdoa.gov](mailto:benefits@azdoa.gov).

**Social Security Numbers:** By federal law, you are required to provide a Social Security Number (SSN) for all dependents enrolled in our plans. SSNs are needed to prepare IRS Form 1095-C under the Affordable Care Act (ACA). If you do not provide accurate SSNs, you may have an IRS penalty.

**Note:** This form continues numbering from the main enrollment form.

<b>4</b>	LAST NAME, FIRST NAME, M.I. (AS IT APPEARS ON SOCIAL SECURITY CARD)				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RELATIONSHIP (CHECK ONE) <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PLACED FOR ADOPTION		SELECT PLAN(S) <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION		
<b>5</b>	LAST NAME, FIRST NAME, M.I. (AS IT APPEARS ON SOCIAL SECURITY CARD)				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RELATIONSHIP (CHECK ONE) <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PLACED FOR ADOPTION		SELECT PLAN(S) <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION		
<b>6</b>	LAST NAME, FIRST NAME, M.I. (AS IT APPEARS ON SOCIAL SECURITY CARD)				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RELATIONSHIP (CHECK ONE) <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PLACED FOR ADOPTION		SELECT PLAN(S) <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION		
<b>7</b>	LAST NAME, FIRST NAME, M.I. (AS IT APPEARS ON SOCIAL SECURITY CARD)				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RELATIONSHIP (CHECK ONE) <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PLACED FOR ADOPTION		SELECT PLAN(S) <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION		
<b>8</b>	LAST NAME, FIRST NAME, M.I. (AS IT APPEARS ON SOCIAL SECURITY CARD)				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RELATIONSHIP (CHECK ONE) <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PLACED FOR ADOPTION		SELECT PLAN(S) <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION		
<b>9</b>	LAST NAME, FIRST NAME, M.I. (AS IT APPEARS ON SOCIAL SECURITY CARD)				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RELATIONSHIP (CHECK ONE) <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PLACED FOR ADOPTION		SELECT PLAN(S) <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION		