Dependent Change Request Form

HR-BEN-600

MTA

Section 1 - Information and Instructions

The purpose of this form is to add, remove, or change dependent information on your health insurance.

To change your health coverage online: log onto www.mymta.info and click **My Benefits > eBenefits - Open Enrollment;** submit this form **only** if you need to make a change in the dependent information displayed online.

OR

To change both health coverage and dependent information via printed form: submit the **Open Enrollment/Change Form (HR-BEN-372A)**.

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

Email:	**bscservice@mtabsc.org**
Fax:	**212-852-8700**
Drop off at:	**Walk-in Center**
	180 Livingston Street, 6th Fl.
	8:30 a.m. to 5 p.m., Monday – Friday

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123.

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

If your address on your pay stub is incorrect, contact the Business Service Center, or log onto www.mymta.info and change your address online OR complete the HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new health insurance cards.

Section 3 – Plan Type

Please indicate the plan(s) your dependent(s) is on.

☐ **MEDICAL / PRESCRIPTION DRUGS**　　　☐ **DENTAL**　　　☐ **VISION**

Section 4 – Dependent Information

ADD/REMOVE/CHANGE DEPENDENTS

Please fill in all information for any dependent(s) you wish to add/remove/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 removing Domestic Partner, please complete and submit this form along with the Domestic Partnership Termination form.

Check One: Indicate (A) Add (R) Remove OR (C) Change					Relationship: Check one			Gender		Date of Birth		
A	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

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
     - Puerto Rican Birth Certificates issued prior to July 1, 2010 are unacceptable

   - For a Stepchild, or Legally Adopted Child, a copy of:
     - Birth Certificate
     - Social Security card
     - Legal documentation concerning adoption/guardianship

FOR 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 enrollee's 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*