Updated: 7/2018

## **UNIVERSITY OF ROCHESTER Dependent Information Change Request Form**

## **Please Print Clearly**

Dependent Information Directions:	mation: Complete ALL info	rmation for	any dependent you	wish to update
Name	Relationship	Gender	Date-of-Birth	Social Security # (required field for a dependents*)

If you have any questions, please contact the University of Rochester Office of Total Rewards at (585) 275-2084 Please return completed forms to: Office of Total Rewards, 60 Corporate Woods, Suite 310, P.O. Box 270453, Rochester, NY 14627; Fax: 585-272-0227 or Email: TotalRewards@Rochester.edu

<sup>\*</sup> The Affordable Care Act requires all insurers and self-insured employer groups (UR) to report to the IRS the social security numbers (SSN) for each individual (employees and dependents) to whom the group provides minimum essential health care coverage (MEC) intended primarily to support the IRS' enforcement of the individual mandate. Please provide the SSN for each dependent to be enrolled under your University Health Care Plan.