

DEPENDENT INFORMATION UPDATE FORM

**No Changes to Benefits
(For Dependents Already Listed in UAccess)**

Please use this form to update the personal information for your dependents (changes to an employee's personal information must be completed through your department's business manager).

Please follow the instructions below:

1. Complete section A.
2. Complete section B only for those dependents needing their personal information updated.
3. If the dependent's name or date of birth is being changed, supporting documentation is required.
4. Submit the completed and original form (and any supporting documentation) to:

Division of Human Resources
888 N. Euclid Avenue, Suite 114
P.O. Box 210158
Tucson, Arizona 85721
Phone: (520) 621-3660 E-mail: HRSolutions@email.arizona.edu

SECTION A: EMPLOYEE IDENTIFICATION INFORMATION (Print Clearly)

Last Name, First Name, M.I.			EmplID (Required)
Work Phone () () ()	Cell Phone () () ()	Home Phone () () ()	Email address:
FOR HR USE ONLY	DATE RECEIVED:	EFFECTIVE DATE:	

SECTION B: DEPENDENT INFORMATION (list only dependents being updated)

***Supporting documentation required for name changes and incorrect Date of Birth.

1	Last Name, First Name, M.I.		List address if different from employee's:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to employee:	Select Changes(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries Reason: _____
	Birth Date / /	Social Security # / /	
2	Last Name, First Name, M.I.		List address if different from employee's:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to employee:	Select Changes(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries Reason: _____
	Birth Date / /	Social Security # / /	
3	Last Name, First Name, M.I.		List address if different from employee's:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to employee:	Select Changes(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries Reason: _____
	Birth Date / /	Social Security # / /	