



## Human Resources Dependent Coverage Change Form

Instructions: To add or delete a dependent to the medical or dental plans please complete the below information for each dependent you are adding or deleting and indicate what plan you are adding or deleting them from. If you have more than four dependents use a 2<sup>nd</sup> form.

Name of Bates Employee:					Bates ID Number:	
1	Add	Delete	First:	Middle:	Last:	
	<input type="radio"/> OAPin <input type="radio"/> OAP <input type="radio"/> Dental	<input type="radio"/> OAPin <input type="radio"/> OAP <input type="radio"/> Dental	<input type="radio"/> Male <input type="radio"/> Female DOB: SSN:	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child	<input type="radio"/> Has other Medical Insurance? <hr style="border: 0; border-top: 1px solid black;"/>	
2	Add	Delete	First:	Middle:	Last:	
	<input type="radio"/> OAPin <input type="radio"/> OAP <input type="radio"/> Dental	<input type="radio"/> OAPin <input type="radio"/> OAP <input type="radio"/> Dental	<input type="radio"/> Male <input type="radio"/> Female DOB: SSN:	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child	<input type="radio"/> Has other Medical Insurance? <hr style="border: 0; border-top: 1px solid black;"/>	
3	Add	Delete	First:	Middle:	Last:	
	<input type="radio"/> OAPin <input type="radio"/> OAP <input type="radio"/> Dental	<input type="radio"/> OAPin <input type="radio"/> OAP <input type="radio"/> Dental	<input type="radio"/> Male <input type="radio"/> Female DOB: SSN:	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child	<input type="radio"/> Has other Medical Insurance? <hr style="border: 0; border-top: 1px solid black;"/>	
4	Add	Delete	First:	Middle:	Last:	
	<input type="radio"/> OAPin <input type="radio"/> OAP <input type="radio"/> Dental	<input type="radio"/> OAPin <input type="radio"/> OAP <input type="radio"/> Dental	<input type="radio"/> Male <input type="radio"/> Female DOB: SSN:	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child	<input type="radio"/> Has other Medical Insurance? <hr style="border: 0; border-top: 1px solid black;"/>	

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Print Your Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**DOB:** Date of Birth, **SSN:** Social Security Number, **OAPin:** Open Access Plus in-network only, **OAP:** Open Access Plus