

## Request for Benefits Office to add Dependent/Beneficiary

## Complete this form if you wish to add a dependent or beneficiary that is a current or former Ohio University employee or student OR does not have a SSN. Save the form and upload to the Benefits secure upload site.

Please see instructions on page 2. DEPENDENT INFORMATION **UPLOAD** > Please complete for dependents you wish to cover or additional beneficiaries. SPOUSE / DOMESTIC PARTNER **Last Name First Name Birth Date** SSN MΙ Gender Relationship Spouse/partner employed outside Does that employer offer health Are they enrolled in that employer's Ohio University? \( \subseteq \text{Y} \subseteq \text{N} coverage?  $\square$  Y  $\square$  N If yes, continue with next question. If yes, continue with next question. If yes, please attach proof of coverage. **CHILD OR BENEFICIARY Last Name First Name** MI **Birth Date** Gender **SSN** Relationship **ADDRESS:** Street City **State** Zip **CHILD OR BENEFICIARY Last Name First Name** ΜI **Birth Date** Relationship Gender SSN ADDRESS: Street City **State** Zip **CHILD OR BENEFICIARY Last Name First Name** MI **Birth Date** SSN Gender Relationship **ADDRESS:** Street City **State** Zip

CHILD OR BENEFICIARY									
Last Name	First Name	MI	Birth Date	Gender	SSN	Relationship			
ADDRESS:									
	Street				City		State	Zip	

INSTRUCTIONS:	
Complete the dependent information form if applicable.	
Save form and upload to the Benefits secure upload site. This site requires your OHIO ID and password.	
☐ Wait for email confirmation that your dependents have been added to the system.	
Access MPI: Benefits Self-Service to enroll in your benefit coverages or update beneficiaries Upload supporting documentation for dependents (i.e. Spouse- Marriage license, Child – Birth Certificate, etc.) See Verification of Dependents for a complete listing of acceptable documents.	es

Visit <u>How to Enroll</u> for more details including a Benefits Self Service User Guide.