



HEALTH INSURANCE ADDITIONAL DEPENDENT ELECTION

EFFECTIVE DATE:
RECEIVED BY:
ENTRY DATE: ENTERED BY:

SUBMIT ELECTION AND SUPPORTING DOCUMENTS TO THE HUMAN RESOURCES EMPLOYEE BENEFITS DIVISION:

Email: HRBenefits@fresnocountyca.gov **Phone:** (559) 600 - 1810 **Fax:** (559) 455 - 4787

USPS Mail Address & Hand-Delivery Location: 2220 Tulare Street, 14th Floor, Fresno, CA 93721

EMPLOYEE INFORMATION: Complete all information.

Last Name: _____ First Name: _____ Employee ID: _____

SSN: _____ DOB: _____ Phone Number: _____

Email Address: _____

HEALTH INSURANCE DEPENDENTS: Must also submit required documentation and health insurance application.

Eligible Dependent	Required Documentation
Spouse	Certified Marriage Certificate / Abstract
Domestic Partner	Declaration of Domestic Partnership Filed With the California Secretary of State
Child	Certified Birth Certificate / Abstract
Adopted Child	Adoption Order or the Certified Birth Certificate / Abstract
Step Child	Certified Birth Certificate / Abstract and a Certified Marriage Certificate / Abstract or Declaration of Partnership Showing Your Spouse or Registered Domestic Partner as the Child's Parent
Child of Legal Guardianship	Letters of Guardianship Filed With the Courts

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Check this box if you are submitting an additional Health Insurance Additional Dependent Election form.

X SIGNATURE: _____ **DATE:** _____

By signing above, I authorize the enrollment and/or removal of the above listed dependents onto and/or from my County health insurance coverage, and understand I must also submit the applicable Health Insurance Application for processing.