

Dependent Information Change Form

Use this worksheet to update your child or spouse's information. Complete steps 1 and 2.

STEP 1: COMPLETE TEAMMATE INFORMATION

Note: To update your home address, visit YourHRLink > My Personal & Paycheck Info > Personal Information > Update Home Address

Teammate Name: _____ Teammate ID: _____

Teammate Email Address: _____

Teammate Phone Number: _____

STEP 2: COMPLETE DEPENDENT INFORMATION (DOB and SSN must be provided.)

Note: If dependent's address is different from teammate's address (i.e. in college, lives with other family members, resides elsewhere, etc.), please provide dependent's address to ensure dependent receives appropriate medical cards.

Dependent Name: _____ Relationship to Teammate: _____

Dependent DOB: _____ Dependent SSN: _____

Dependent Address: _____

Dependent Name: _____ Relationship to Teammate: _____

Dependent DOB: _____ Dependent SSN: _____

Dependent Address: _____

Dependent Name: _____ Relationship to Teammate: _____

Dependent DOB: _____ Dependent SSN: _____

Dependent Address: _____

Dependent Name: _____ Relationship to Teammate: _____

Dependent DOB: _____ Dependent SSN: _____

Dependent Address: _____

Acknowledgement

My signature acknowledges my authorization to change my dependent(s) information.

Teammate Signature: _____ Date: _____

Bi-Weekly Teammates, email as an attachment to HRBenefitsOnline@AtriumHealth.org or fax to 704-446-6623.

Monthly Teammates, fax to 704-631-0121.