
 New Enrollee
 Add Dependents
 Drop Dependents
 Others:
 Waiving Coverage

Status Type _____ (Select One)
 Full Time Academic or Administrator
 Part Time Academic
 Classified 20 + hours/week
 Trustee

If you are adding dependents, CCSF will need additional documentation.

- x To add a spouse/domestic partner (DP), provide a copy of a certified marriage certificate (domestic or a translated foreign cert.) or DP certificate.
- x To add children under 26, provide a copy of birth/adoption certificate.

You may drop dependents from your plan anytime as long as there is no court order decree.

If a member fails to dis-enroll ineligible dependents, the member may be held responsible for service cost.

Employee's Information					
SSN	Last Name		First Name		M.I.
Street		City		State	Zip Code
DOB	Gender: Non Binary Male Female			Phone	

Dependents' Information						
Last Name	First Name	Date of Birth	SSN	Gender: NonB v Male Female	Relationship:	

I certify that the information entered on this document is true and correct and I give to persons administering the plan in which I enroll and/or their agents permission to verify any and all information.

Signature: _____ Date: _____

Submit form to: **CCSF-HR: Benefits Unit** 50 Frida Kahlo Way, % X Q J D O R Z
 For more information, please contact 1-415-452-7733 or email benefits@ccsf.edu

CSA 19112