

\_\_\_\_\_  
 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 the 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](mailto:benefits@ccsf.edu)

CSA 194102