

Dependent Eligibility Verification

Due to a provision in the Affordable Care Act, the University of Minnesota is required to request the Social Security Number for all dependents covered by the UPlan.

Determine eligibility

- **Confirm your dependents meet the UPlan's eligibility criteria.**
 - The Dependent Eligibility Verification Matrix shows the eligibility rules and required documentation to verify each dependent. Supporting documentation is required for each dependent. <https://z.umn.edu/dependentdocuments>

Dependents Who Need Eligibility Verification	Social Security Number

Dependents to remove from coverage

Dependent Name	Dependent's Relationship	Date of Birth MM/DD/YYYY

Dependent coverage will terminate the first day of the month following Total Compensation's receipt of this form.

Sign, date and submit this document

I hereby certify the dependents I added to my coverage meet the University of Minnesota UPlan eligibility requirements, excluding my dependents I indicated should be removed from coverage. I have enclosed required documentation for my eligible dependents. **Do not send original documents.**

Employee Signature

Date

Employee Name	Employee ID

If you have questions, call the OHR Contact Center at 612-624-8647 or 1-800-756-2363 Option 1 for Benefits, or by email at benefits@umn.edu. Please make a copy of this form for your records and return the original to Total Compensation by mail or fax.

Campus Mail:
Total Compensation
100 DonhoweB
Del Code 3122A

U.S. Mail:
Total Compensation
100 Donhowe Bldg.
319 15th Avenue SE
Minneapolis, MN 55455-0103

Fax: 612-626-0808
Phone: 612-624-8647
Email: benefits@umn.edu