



DEPENDENT INFORMATION UPDATE FORM
No Changes to Benefits
(For Dependents Already Listed in UAccess)

Please use this form to update the personal information for your dependents (changes to an employee's personal information must be completed through your department's business manager).

Please follow the instructions below:

1. Complete section A.
2. Complete section B only for those dependents needing their personal information updated.
3. If the dependent's name or date of birth is being changed, supporting documentation is required.
4. Submit the completed and original form (and any supporting documentation) to:

Division of Human Resources
888 N. Euclid Avenue, Suite 217
P.O. Box 210158
Tucson, Arizona 85721
Phone: 520-621-3660 Email: hrosolutions@arizona.edu

SECTION A: EMPLOYEE IDENTIFICATION INFORMATION (Print Clearly)

Last Name, First Name, M.I.		EmplID (Required)
Phone ()	Email address:	

SECTION B: DEPENDENT INFORMATION (list only dependents being updated)

1	Last Name, First Name, M.I.			List address if different from employee's:
	Relationship to employee:			Select Changes(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Gender Change: _____ <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries
	Birth Date	Social Security #	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Last Name, First Name, M.I.			List address if different from employee's:
	Relationship to employee:			Select Changes(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Gender Change: _____ <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries
	Birth Date	Social Security #	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Last Name, First Name, M.I.			List address if different from employee's:
	Relationship to employee:			Select Changes(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Gender Change: _____ <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries
	Birth Date	Social Security #	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

By my signature below, I authorize Human Resources to enter form information into the UAccess system. I affirm that it is my responsibility to review my information in UAccess and will immediately notify Human Resources of disparities.

Signature:	Date:
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