

# Washington University Dependent Social Security Number (SSN) Healthcare Form

Per the mandatory reporting requirement from the Center for Medicare and Medicaid Services (CMS), we are launching an initiative to collect dependent's SSN in order to properly coordinate Medicare payments with other insurance benefits, if applicable

Complete this form to add your covered dependent's (spouse, domestic partner and/or children) social security number (SSN)

\_\_\_\_\_  
Employee Name- please print

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Campus Phone No.

## DEPENDENT INFORMATION:

\_\_\_\_\_  
Dependent's Name  
(SSN)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Dependent's Name  
(SSN)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Dependent's Name  
(SSN)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Dependent's Name  
(SSN)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Dependent's Name  
(SSN)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Dependent's Name  
(SSN)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Social Security Number

**Send completed form to:**

**Medical School employees: CB 8002 or secure fax to (314) 362-2500  
Danforth employees: CB 1190 or secure fax to (314) 935-8198**