



**Dependent and Beneficiary Information Change/Correction Form** (please print clearly)

Please note: Most updates to dependents and beneficiaries can be made in My VU Benefits without using this form.

**Employee Information:**

_____	( _____ ) _____	_____/_____/_____
Your Employee ID	Your Phone Number	Your Date of Birth
_____	_____	_____
Last Name	First Name	M.I.
_____	_____	_____
Home Mailing Address	City	State ZIP

**Dependent #1:** I am submitting this form to change or correct my dependent's:

- Name     
  Social Security Number     
  Birthdate     
  Address     
  Family Relationship

_____	( _____ ) _____	_____/_____/_____
Dependent's Social Security Number	Dependent Phone Number (if different than yours)	Dependent's Date of Birth
_____	_____	_____
Dependent's Last Name	Dependent's First Name	Dependent's M.I.    Dependent's Relationship
_____	_____	_____
Dependent's Home Mailing Address (if different from yours)	City	State    ZIP

**Dependent #2:** I am submitting this form to change or correct my dependent's:

- Name     
  Social Security Number     
  Birthdate     
  Address

_____	( _____ ) _____	_____/_____/_____
Dependent's Social Security Number	Dependent Home Phone Number (if different than yours)	Dependent's Date of Birth
_____	_____	_____
Dependent's Last Name	Dependent's First Name	Dependent's M.I.    Dependent's Relationship
_____	_____	_____
Dependent's Home Mailing Address (if different from yours)	City	State    ZIP

If you have changes to more than two dependents, please complete another form.

_____	_____
Signature	Date

Mail form to: Vanderbilt University: Benefits, PMB #407704, 2301 Vanderbilt Place, Nashville, TN 37240-7704

Deliver form to: HR Express, 2525 West End Avenue, Second Floor, Nashville, TN 37203

<i>Processing Office Use Only</i>
Pay Group _____
Employee ID # _____
Entered by _____
Audited by _____
Date Received in HR _____