



Dependent Information Change/Correction Form (please print clearly)

Employee Information:

Your Employee ID or Social Security Number ( ) Your Home 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

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 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 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

Processing Office Use Only
Pay Group
Employee ID #
Entered by
Audited by
Date Received in Processing

Fax form to: Vanderbilt HR Benefits, 615-343-0219
Mail form to: Vanderbilt HR Benefits, PMB #407704, 2301 Vanderbilt Place, Nashville, TN 37240-7704
Deliver form to: Human Resources, Baker Building, 10th Floor