

Affidavit for Insurance Purposes: Spouse and/or Dependent Lacks SSN due to Non-Citizenship

A Social Security Number (SSN) is required for enrollment in the State Group Health Insurance program and some of the Supplemental Insurance plans. Since you are unable to provide a SSN for your spouse and/or eligible dependent(s), you must complete this Affidavit. You should return the completed Affidavit and State Group Health Insurance and/or Supplemental Insurance plan application(s) to your institution's human resources office.

SECTION 1: Employee Information

Last Name	First Name	Middle Initial	SSN or International Taxpayer Identification Number (ITIN)	
Home Address: Number and Street		City	State	ZIP
Home Phone Number:		Work Phone Number:		
Work E-mail:		UW Institution: UW –		

SECTION 2: Spouse / Dependent Information – Use additional sheets if necessary.

Complete for Spouse and/or Eligible Dependent Child(ren) unable to provide a Social Security Number.				
Spouse			Relationship to Employee	Date of Birth mm/dd/yyyy
Last Name	First	Middle Initial		
Dependent Child(ren)			Relationship to Employee	Date of Birth mm/dd/yyyy
Last Name	First	Middle Initial		
Last Name	First	Middle Initial		
Last Name	First	Middle Initial		
Last Name	First	Middle Initial		

SECTION 3: Employee Signature and Date

By signing this affidavit I acknowledge that if I, my spouse or other eligible dependent is a Medicare beneficiary and I have not provided the requested Social Security Number(s) I may be violating my/our obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.	
Employee Signature: _____	Date: _____

SECTION 4: Employer Section – For completion by the Employer only.

Date Affidavit Received by Employer: _____	
Employer Signature: _____	Date: _____
Type or Print Name: _____	
Telephone Number: _____	Email: _____