

# Employee Affidavit

## Spouse and/or Dependent Lacks SSN

A Social Security Number (SSN) is required for enrollment in certain benefit programs. Since you are unable to provide a SSN for your spouse and/or eligible dependent(s), you must complete this Affidavit.

Return the completed Affidavit and benefit plan application(s) to your [institution benefits contact](#).

Section 1: Employee Information			
Last Name:		First Name:	Middle Initial:
Institution:		Employee ID:	
Home Address: Number and Street		City	State Zip Code
Home Phone Number:		Work Phone Number:	
Work E-mail:			

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			International Taxpayer Identification Number (ITIN):	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
<p>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.</p> <p>Employee Signature: _____ Date: _____</p> <p>Type or print name: _____</p> <p>Employees submit completed form to:            UW-Shared Services, Service Operations            Email: <a href="mailto:benefits@uwss.wisconsin.edu">benefits@uwss.wisconsin.edu</a> (If ITIN is included do not email.)            Fax: (608) 890-2327            Mail: 660 W. Washington Ave, Suite 201, Madison, WI 53703</p> <p>For UW-Madison employees submit completed form to:            Office of Human Resources/Benefits            Email: <a href="mailto:benefits@ohr.wisc.edu">benefits@ohr.wisc.edu</a> (If ITIN is included do not email.)            Fax: (608) 265-1456            Mail: 21 North Park Street, Suite 5101, Madison, WI 53715</p>

Section 4: UW-Shared Services, Benefits Service Delivery / Institution Benefits Contact
<p>Received By: _____ Received Date: _____</p>