Des Plaines School District #62
Annual Dependent Status Update Form

1. Des Plaines School District #62 Employee Information

Name (Last, First, Middle Initial)		U.S. Social Security Number or _____ BCBS Member Number _____
Street Address		**City, State, ZIP**
Home Phone Number	**Daytime Phone Number**	**Email Address**

2. Dependent Child Information

Name (Last, First, Middle Initial)	U.S. Social Security Number
Is this dependent child eligible for health benefits through their own employer? ☐ Yes ☐ No	
If this dependent child is married is the dependent child eligible for health benefits through their spouse's employer? ☐ Yes ☐ No	

3. Certification and Signature / Notarization Required

Must be completed by all applicants.

State of _____ County of _____

Sworn and subscribed before me this _____ day of _____, _____

_____ appeared before me whose
(name of applicant)

identification I have verified on the basis of _____
(type of photo ID)

to be the signer of this application and he/she is acknowledged that he/she signed it.

My commission expires _____

Signature of Notary Public _____

I certify under penalty of perjury that the statements made by me in this Application and Certification are true and correct to the best of my knowledge.

_____
Employee Name (please print)

_____
Employee Signature

_____
Date Signed

Note: You are required to notify the District within 30 days of a change in your dependent's status. Please complete one form for each dependent child age 19 to 26.