



**AFFIDAVIT for INSURANCE PURPOSES
DEPENDENT LACKS SOCIAL SECURITY NUMBER DUE TO NON-CITIZENSHIP**

A Social Security Number is required for enrollment in the State Group Health Insurance program as well as for the EPIC Supplemental Insurance plan. Because you indicated that you are unable to provide a Social Security Number for your spouse or other eligible dependent, you must instead complete this Affidavit.

Please return the completed Affidavit to your institution's payroll and benefits office along with your completed applications for State Group Health Insurance and/or EPIC Supplemental coverage.

SECTION 1 Employee Information

Last Name	First	Middle Initial	Social Security Number (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 Dependents unable to provide a Social Security Number.				
Spouse / Dependent Name			Relationship to Employee	Date of Birth mm/dd/yyyy
Last Name	First	Middle Initial		
Dependent Children			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.		mm/dd/yyyy
Employee Signature: _____	Date: _____	

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

Date Affidavit Received by Employer: _____	mm/dd/yyyy
Employer Signature: _____	Date: _____
Type or Print Name: _____	
Telephone Number: _____	Email: _____