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Dependent Form

Date: _____
Fax- # of Pages: _____

Please follow the steps below to thoroughly and accurately complete this form.

Step 1: Personal Information

Company Name: _____
Employee Name: _____ SSN: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____

Step 2: Dependent Information

Dependent Name	Social Security # (SSN)*	Date of Birth	Gender	Relationship to Employee
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____

*Social Security Number is required.

Step 3: Employee Signature

Employee Signature: _____ Date: _____

Please keep Flex informed of any changes to your Dependent information. Upon completion of this form, please *return to your Plan Administrator* for submission to Flex.

Plan Administrator: Please return completed form to Flex by mail or fax. If employee is an addition or adding dependents to the MRP Plan, please return this form along with a completed FlexMRP Addition or Change in Status Form, to the address or fax number listed below.