



San Bernardino County
**DEPENDENT MEDICAL PLAN SOCIAL SECURITY
NUMBER COLLECTION FORM**

The Dependent Medical Plan Social Security Number Collection Form is used by new hires or existing employees to provide social security numbers for dependents whose requested medical plan enrollment is pending completion upon receipt of more information. This form must be submitted to the Employee Benefits and Services Division of Human Resources (EBSD-HR) within 60 days after the hire date or qualifying event.

REFERENCES

None

FORMS REQUIRED

Dependent Medical Plan Social Security Number Collection Form:

MANDATORY FIELDS

All

GENERAL INFORMATION

This form is to be completed by an employee when social security numbers for dependents are omitted on the medical plan enrollment form.

REASON FOR SOCIAL SECURITY NUMBER COLLECTION FORM

Social security numbers are required for all enrollees.

PAYROLL SPECIALIST RESPONSIBILITIES

- Audit form for completeness
- Retain copies for department file
- Forward original to EBSD-HR (0400)

RELATED FORMS

Medical Plan Enrollment/Change Form