



Spouse & Dependent Data Form

Purpose:

Effective January 1, 2015, to remain in compliance with the Affordable Care Act, the Archdiocese of Atlanta is required to maintain not only the date of birth and social security number of each active employee, but also the date of birth and social security number of the spouse and each dependent child of the employee. **This requirement applies to all employees, regardless of full-time or part-time status.** If you have questions regarding this requirement, you may contact Lily Gallagher, Benefits Manager, at lgallagher@archatl.com or 404-920-7485.

*****Employees without a spouse or dependent(s), should initial here _____, complete section marked "Employee Information", then sign and date the bottom of the form.*****

Employee Information: (Form must be completed in it's entirety)

Last Name: _____ First Name: _____

Social Security Number: _____

Dependent Information:

1.	Spouse	Full Legal Name: _____ <i>(Last, First, Middle)</i>	<i>(if applicable)</i>
	Date of Birth: _____	<i>(mm/dd/yyyy)</i>	Social Security #: _____
2.	Dependent	Full Legal Name: _____ <i>(Last, First, Middle)</i>	
	Date of Birth: _____	<i>(mm/dd/yyyy)</i>	Social Security #: _____
3.	Dependent	Full Legal Name: _____ <i>(Last, First, Middle)</i>	
	Date of Birth: _____	<i>(mm/dd/yyyy)</i>	Social Security #: _____
4.	Dependent	Full Legal Name: _____ <i>(Last, First, Middle)</i>	
	Date of Birth: _____	<i>(mm/dd/yyyy)</i>	Social Security #: _____
5.	Dependent	Full Legal Name: _____ <i>(Last, First, Middle)</i>	
	Date of Birth: _____	<i>(mm/dd/yyyy)</i>	Social Security #: _____
6.	Dependent	Full Legal Name: _____ <i>(Last, First, Middle)</i>	
	Date of Birth: _____	<i>(mm/dd/yyyy)</i>	Social Security #: _____

***** Complete a 2nd form if needed for additional dependents*****

I certify that the information I have provided on this form is true and correct to the best of my knowledge.

Employee Signature: _____ **Date:** _____