



Dependent Offer of Coverage for IRS Reporting
(Only needed from employers with self-funded medical plans)

| Employer FEIN | Employee First Name | Employee Last Name | Employee SSN | Employee ID | Job Title | Dependent First Name | Dependent Middle Name | Dependent Last Name | Dependent Suffix | Dependent Type | Dependent SSN | Dependent DOB | Benefits Effective Date |
|---|---------------------|--------------------|--|--|----------------------|----------------------|-----------------------|---------------------|--|--|---|---|---|
| What does this mean? | | | | | | | | | | | | | |
| The school district's tax ID number | | | | A district-specified employee ID number (Optional) | Employee's job title | | (Optional) | | The suffix for this dependent (Optional) | Whether the dependent is a spouse or other than a spouse | *Dependent SSN can only be missing if the Dependent DOB is provided. This can be used when a newborn does not yet have a SSN and is offered enrollment. | * If the Dependent SSN is not provided, then the Dependent DOB is required. | The date on which the dependent benefit change became effective |
| Can I leave it blank? | | | | | | | | | | | | | |
| No | No | No | No | Yes | No | No | Yes | No | Yes | Yes | No* | No* | No |
| What type of data is this? | | | | | | | | | | | | | |
| Text or Number | Text | Text | Text or Number | Text | Text | Text | Text | Text | Text or Number | Single Character | Text or Number | Date | Date |
| What values are acceptable? | | | | | | | | | | | | | |
| Only federally provided FEIN values with leading zeros intact | Any name | Any name | Only federally provided SSN values with leading zeros intact | | | Any name | Any name | Any name | Any alpha or numeric suffix | Send only the code value: S = Spouse O = Other | Only federally provided SSN values with leading zeros intact | | |