

Notice of Personal Information

The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:

- 1. With few exceptions, you are entitled on your request to be informed about the information The University of Texas System Administration collects about you;**
- 2. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information; and**
- 3. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas System Administration correct information about you that is held by The University of Texas System Administration and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32, *Texas Public Information Act*.**

The information that The University of Texas System Administration collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

**THE UNIVERSITY OF TEXAS SYSTEM
SPECIAL DEPENDENT APPLICATION
(For other than Spouse and/or Biological Child)**

This application is to determine eligibility as a dependent under any sponsored University of Texas benefit plan. Separate application must be made to provide Evidence of Insurability, if applicable for selected coverage. Before approval can be considered, you must submit documentation which shall consist of legal evidence of adoption, guardianship, conservatorship, marriage (step child) or other appropriate evidence as provided for in Article 11.01 of the Texas Family Code. If the dependent is a grandchild, the policyholder must provide documentation and certify that the child is a dependent of the policyholder for federal income tax purposes and that the parent of the child is also on the plan. The filing of this application does not constitute coverage acceptance. The University Texas System Office of Employee Benefits shall have the sole authority for approval of this Special Dependent Application.

Name of Employee: _____ Social Security Number: _____

Dependent's Name: _____ Dependent's Date of Birth: _____

Gender of Dependent: Male _____ Female _____ Is this Dependent married: Yes _____ No _____

1. What date did the change in your family status occur? _____
2. What is the relationship of this Dependent to you? _____
3. Is this Dependent a dependent for income tax purposes? (**grandchild [ren] only**) Yes _____ No _____

I certify that the statements made by me in this application are true complete and correct to the best of my knowledge and are made in good faith. I understand any false statements made herein or in the supporting documentation will void this application and any action based on it and thus I will be obligated to repay any benefits paid on behalf of this dependent. I agree to notify The University of Texas System Institution of which I am employed in writing of any changes which may affect a dependent's status. I also understand that the filing of this application does not constitute coverage acceptance.

Signature of Employee Filing Application Date

Signature of Institutional Human Resource Manager or Designee Date

PRIVACY NOTICE: With a few exceptions, you are entitled to be informed about the information your University of Texas System institution collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Teas Government Code you are entitled to have The University of Texas System institution correct information that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that The University of Texas System institution collects will be retained and maintained as required by Texas records retention laws (section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time

~~~~~**SYSTEM ADMINISTRATION USE ONLY**~~~~~

This Application is: Approved \_\_\_\_\_ Declined \_\_\_\_\_ Evidence of Insurability Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_