## ADMINISTRATIVE OFFICE OF THE U.S. COURTS

## FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) DEPENDANT INFORMATION FOR TRANSFERRING EMPLOYEES

Employee Name:			
Social Security Number:			
ease provide the informat ealth Benefits plan. This i stem (HRMIS).	ion requested below nformation is neces	v for each dependent sary to establish you	covered under your Federal Employed r enrollment within our personnel/payro
Dependent Name	Date of Birth	Social Security Number	Relationship (i.e. Spouse, Child, Step Child, Foster Child)

Print the completed form and bring it with you to your new employee orientation session.