

DEPENDENT COVERAGE CONTINUED (No new dependents can be added)

Child _____ SS# _____ Date of Birth _____ Sex _____
Child _____ SS# _____ Date of Birth _____ Sex _____
Child _____ SS# _____ Date of Birth _____ Sex _____
Child _____ SS# _____ Date of Birth _____ Sex _____
Child _____ SS# _____ Date of Birth _____ Sex _____

(If you have more dependents, give the total number here: _____, and provide full names, social security numbers, dates of birth and sex of additional dependents at the bottom of this form.)

AUTHORIZATION

Your signature completes the enrollment process. It authorizes the coverages indicated. It also authorizes the appropriate electronic funds transfers to provide the benefits requested.

Participant's Signature _____ Date _____

Return completed, signed form to:

TAC Benefits Office
5215 Main St., Houston, TX 77002
Attn: Patricia Goforth-Rakes
Fax: 713-521-7516
Email: pgrakes@txcumc.org
Phone: 713-533-3702 or 1-800-606-0350

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