



## Dependent Insurance Inquiry Form

Please complete this form if electing medical coverage for a spouse or domestic partner.

TCHHN Employee Name: \_\_\_\_\_ TCHHN Employee ID: \_\_\_\_\_

Dependent Name: \_\_\_\_\_

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### SECTION A: TO BE COMPLETED BY THE ABOVE LISTED TCHHN EMPLOYEE

**1. The above listed dependent's employment status is**

- ☐ Employed by Employer      ☐ Unemployed      ☐ Retired      ☐ Self-Employed  
(Complete Section B)

**2. My signature is confirmation that the information provided for the above listed dependent is true and accurate.**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### SECTION B: TO BE COMPLETED BY THE ABOVE LISTED DEPENDENT

**1. Please check ONE appropriate answer:**

- ☐ My employer offers group medical coverage, and I am enrolled.  
☐ My employer does not offer group medical coverage.  
☐ My employer offers group medical coverage that I was eligible to receive, but I did not enroll.  
☐ My employer offers group medical coverage, but I am a new employee and will not be eligible until \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ My employer offers group medical coverage, but I am not eligible because I am a part-time employee.  
☐ I do not have access to group medical insurance through an employer because I am unemployed.  
☐ I do not have access to group medical insurance through an employer because I am retired.  
☐ I do not have access to group medical insurance through an employer because I am self-employed.  
☐ Other (Please explain):  
\_\_\_\_\_  
\_\_\_\_\_

**2. My signature is confirmation that the information provided above is true and accurate.**

Signature of dependent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### SUBMISSION INSTRUCTIONS (to be completed by the TCHHN employee)

Once complete, submit this form with all dependent verification information online by using your computer or mobile device.

1. Go to [tchhn.benefitsinfo.com](https://tchhn.benefitsinfo.com)
2. Select "Dependent Verification" from the menu.
3. Follow the instructions to upload your information.

*If you have questions regarding this form, please reach out to Prepare Benefits at  
<https://tchhn.benefitsinfo.com/engineering-contact-form>.*