



# GENERAL STAMPING COMPANY

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ISO 9001 and 14001 Certified

Document #: QAR-051

Revision #: 003

Revision Date: 12-01-2017

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## NOTICE OF CURRENT DEPENDENT(S)

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

### DEPENDENT INFORMATION:

My dependent(s) has/have a pre-existing condition: YES \_\_\_\_\_ NO \_\_\_\_\_

My dependent(s) for tax withholding purposes is/are my:

*\*Check all that apply.*

\_\_\_\_\_ SPOUSE \_\_\_\_\_ CHILD \_\_\_\_\_ CHILDREN

My dependent(s) for medical coverage purposes is/are my:

\_\_\_\_\_ SPOUSE \_\_\_\_\_ CHILD \_\_\_\_\_ CHILDREN

*\*Fill in the information requested for all dependents.*

My spouse's name: \_\_\_\_\_

My spouse's date of birth: \_\_\_\_\_

My spouse's SSN: \_\_\_\_\_

My child's/children's name(s):

\_\_\_\_\_

My child's/children's date(s) of birth:

\_\_\_\_\_

My child's/children's SSN:

\_\_\_\_\_

EMPLOYEE AUTHORIZATION/SIGNATURE: \_\_\_\_\_