

# University of Washington Student Health Insurance Plan



**Welfare & Pension Administration Service, Inc.**  
2815 Second Ave., Suite 300 • P. O. Box 34600 • Seattle, Washington 98124-1600  
Claims Dept. (206) 374-9439 or (866) 535-8503 • Fax (206) 441-9110

## Dependent Request Form

Student Name (first name, middle initial, last name): \_\_\_\_\_

Address (street address, city, state and zip code): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Before we can process claims for this dependent child, we must ask you to answer the following questions:

1. Dependent Name (first name, middle initial, last name) and Date of Birth: \_\_\_\_\_

2. What is our member's relationship to the above child?

Natural mother    Natural father    Step-mother    Step-father

Other, please explain \_\_\_\_\_

a. Name of child's natural parents \_\_\_\_\_

b. Natural Parent's divorce date, if applicable \_\_\_\_\_

c. If natural parents have remarried, please indicate name of new spouse and date of marriage.

Mother \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Father \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

3. With whom does the child reside?

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

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

4. Does the divorce decree state who is financially responsible for the child's health care expenses?    Yes    No (If yes, please indicate the name of person financially responsible): \_\_\_\_\_

5. Natural mom date of birth: \_\_\_\_\_ Natural Dad date of birth \_\_\_\_\_

6. Does this child have other insurance coverage?    Yes    No

7. If child is covered by more than one plan please indicate name and address of other insurance carrier. Include that member's name, policy and group #.

\_\_\_\_\_  
\_\_\_\_\_

**Please send copy of divorce decree and parenting plan or other court documents assigning financial responsibility.**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

If you have any questions regarding this form, please contact WPAS at 206-374-9439 or by email at [studentinsurance@wpas-inc.com](mailto:studentinsurance@wpas-inc.com).