vmware

DEPENDENT NOMINATION FORM

Instructions

1. *Please fill-up all the required information of your dependents whom you wish to enroll for medical and dental benefits below.*
2. *Employees* ***MUST*** *provide copies of the PSA (formerly NSO) or certified true copy from Municipal of birth/marriage certificate of their dependents. Otherwise, nomination shall not be honoured.*

EMPLOYEE DETAILS	
Employee Name:	Start date:
Date of Birth (DD/MM/YYYY):	Personal Email:
Classification: (see below for classification categories)	
Classification Category:	**Qualified Dependents**
1) Single/Legally Separated/Widow (No children)	a) Parents (up to age 65) OR b) Domestic Partner including same sex partners- Age from 18 to 65 yrs. old
2) Single/Legally Separated/Widow (With children)	a) Legitimate children (up to age 26 yrs and not gainfully employed) AND b) Domestic Partner including same sex partners- Age from 18 to 65 yrs. old
3) Married	a) Spouse (up to age 64) b) Legitimate children (up to age 26 yrs and not gainfully employed)

Note: Legitimate children may not be nominated if spouse is not nominated; Legitimate children should be nominated in chronological order

Check the relevant box:

☐ I do NOT want to enroll any of my dependents (do not provide dependent details below)

☐ I want to enroll my dependents. Total no. of dependents to be enrolled: _________

Name of Dependent	Birthdate: (Day-Month-Year)	Gender (M/F)	Relationship
1.			
2.			
3.			
4.			
5.			

I understand and agree that the dependents nominated in this form are subject to the qualifications based on the Company and insurance policies and will remain nominated for at least a whole calendar year until such time that I submit changes and/or additions.

I understand and agree that all benefits due to me and my dependents will be forfeited upon separation from the Company.

______________________________ EMPLOYEE SIGNATURE (E-SIGN ACCEPTED)

__________________ DATE

October 2020