

To add your child(ren) to the City of Salem health insurance plan, the Health Insurance Enrollment/Change form and documentation of legal relationship is required within 30 days of the qualifying event.

You may submit a copy of your child(ren)'s birth certificate, or you may complete this form and present, in person, an original or *certified* copy of your child(ren)'s birth certificate to Human Resources for verification.

Employee Name:		Employee #:
Child 1	Child 2	Child 3
Child's Full Legal Name:	Child's Full Legal Name:	Child's Full Legal Name:
Child's Sex:	Child's Sex:	Child's Sex:
Child's Birth Date:	Child's Birth Date:	Child's Birth Date:
Date Birth Certificate Issued:	Date Birth Certificate Issued:	Date Birth Certificate Issued:
Birth Record Number:	Birth Record Number:	Birth Record Number:
Date Record Filed:	Date Record Filed:	Date Record Filed:
Mother's Name:	Mother's Name:	Mother's Name:
Mother's Birthplace:	Mother's Birthplace:	Mother's Birthplace:
Father's Name:	Father's Name:	Father's Name:
Father's Birthplace:	Father's Birthplace:	Father's Birthplace:

Employee signature: _____ **Date:** _____

Human Resources Verification	
<p>On _____ (date) I viewed the <input type="checkbox"/> original birth certificate or <input type="checkbox"/> certified copy for the child(ren) listed above. I certify that the information on this form matches the data on the original birth certificate or certified copy.</p>	
<p>Human Resources signature: _____ Date: _____</p>	
<p><input type="checkbox"/> Tracking List</p>	