

# SCANA Corporation Dependent Change Form

**PLEASE PRINT IN INK OR TYPE**

Retiree Name \_\_\_\_\_

Address \_\_\_\_\_ Your Former Employee ID # \_\_\_\_\_

Employees wanting to add or change dependent information associated with their benefits coverage, must forward the required documentation to the Benefits Department at the address below for updates to be made. If you add a dependent or spouse to your insurance coverage, the following documentation is required first:

- Adding a spouse – a copy of a marriage license, Social Security card and proof of joint ownership (federal/state tax return, mortgage statement, bank statement, lease agreement, credit card statement, property tax, etc.)
- Adding a dependent – a copy of long form birth certificate and Social Security card

Dependent Information					
Name	Birthdate	SSN	Relation	Medical Y/N	Dental Y/N

I am responsible for the accuracy of the information submitted above and for notifying SCANA of any changes in my spouse's eligibility for other coverage within 31 days of that change by submitting another Spousal Health Coverage Affidavit to the Benefits Team. I understand that providing false or misleading information related to this provision may result in loss of coverage under this Plan for myself and my dependents retroactive to the date I provided the false or misleading information. I may also be required to repay any amounts paid by the Plan for me and my dependent(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT FORM AND REQUIRED DOCUMENTATION TO**  
 220 Operation Way  
 MC C131  
 Cayce, SC 29033

Additions/changes will not be made without receipt of this information. To inquire about dependents you currently cover, contact the SCANA Employee Resource Center at 866-217-9355.