



Wisconsin National
 Guard Insurance Plan
 2400 Wright Street, Room 205
 Madison, WI 53704-2572
 (608) 242-3100 or 242-3101
 Fax (608) 242-3106

ADD DEPENDENT CHILDREN FORM

Member's Name: _____

SSN: _____

PHONE: _____

EMAIL: _____

The following child/children need to be added as dependents under my insurance certificate:

INSURED DEPENDENT CHILDREN:

Child Full Name _____ DOB _____ SSAN _____
(First) (Middle) (Last) (MM-DD-YYYY)
 Address _____ Phone Number _____
(Street) (City) (State) (Zip) (Area Code) (Number)

Child Full Name _____ DOB _____ SSAN _____
(First) (Middle) (Last) (MM-DD-YYYY)
 Address _____ Phone Number _____
(Street) (City) (State) (Zip) (Area Code) (Number)

Child Full Name _____ DOB _____ SSAN _____
(First) (Middle) (Last) (MM-DD-YYYY)
 Address _____ Phone Number _____
(Street) (City) (State) (Zip) (Area Code) (Number)

 Member's Signature

 Date

Please Note: Eligible children include unmarried dependent children from 14 days to age 21 (26 if a full-time student)

To add a spouse you MUST complete a new application