**Dependent Approval Request Form**

Use this form to submit a dependent approval request to OHB once the employee has submitted the required documentation to support life event actions entered through Employee Self Service (ESS). Prior to submitting, verify the information provided is compliant with Commonwealth policies.  If assistance is required to complete this form, please send an email to the following mailboxes depending on your organization:

* State Agencies: [ohb@dhrm.virginia.gov](mailto:ohb@dhrm.virginia.gov)
* Localities: tlc@dhrm.virginia.gov

*Please print legibly to prevent delay in processing.*

|  |  |
| --- | --- |
| **Agency/Locality Information** | |
| Group Name |  |
| Group Number |  |
| **Participant Information** | |
| Employee ID |  |
| First Name |  |
| Last Name |  |
| Type of Life Event  Choose one | Marriage  Divorce  Birth  Adoption |
| Life Event Date  (MM/DD/YYYY) |  |
| **Dependent Information** | |
| Dependent/Beneficiary ID (If Known) |  |
| First Name |  |
| Last Name |  |
| Relationship to Employee  Choose one | Spouse  US Same-Sex Spouse  Ex-Spouse  Child  Stepchild  Other Child |

**– Signatures are required. Proceed to page 2 of this form –**

**Authorized BA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized BA Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I certify the supporting documentation submitted complies with Commonwealth policy and correlates to data currently existing in Cardinal. Additionally, the data provided above reflects the individual for which action is required.

|  |  |
| --- | --- |
| **Date Sent to OHB** (MM/DD/YYYY) |  |

**For OHB Completion**

**Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**