



Affordable Care Act Requirements

If you are enrolled in medical, dental and/or vision insurance with Cuesta College, please complete the IRS mandated information below to keep all records current.

Legal Employee Name	Full Social Security Number Required	Date of Birth	Cuesta ID#
Legal Spouse or Domestic Partner Name	Full Social Security Number Required	Date of Birth	Relationship
			<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
			<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
			<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
			<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
			<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
			<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other