

Dependent Information Change

When you sign up for WinCo health insurance, your dependent's information as listed on your insurance application is entered into WinCo's system and is securely provided to the appropriate vendors for our health insurance benefits. In order to change/update your dependent's information with WinCo and the insurance vendors, the WinCo Benefits team requires the following:

Dependent Information Update Form (following page), **PLUS:**

- NAME CHANGE or SSN Change - a copy of the updated Social Security Card; please do not e-mail this sensitive data! Accepted only via fax or US Postal Service
- DATE OF BIRTH - a copy of the birth certificate or a copy of a driver's license
- GENDER CHANGE - a copy of the revised birth certificate and/or court paperwork signed by the judge

The form and other required documentation (above) can be submitted by US Postal Service mail or by fax.

Mailing information: WinCo
Attention: Benefits
PO Box 5756
Boise, ID 83705

Fax: 208-672-2025

Once the form and all necessary backup documentation are received, the information will be updated and provided to the appropriate insurance vendors. Please note: It takes approximately 2 weeks from the time Benefits receives the information change request for the information to be updated with the insurance vendors. Once the information has been updated, the vendors should issue new identification cards.

If you have any questions, please contact Benefits at benefits@wincofoods.com or at 800-341-6543, option 4.



DEPENDENT INFORMATION UPDATE FORM
No Changes to Benefits
(For Dependents Already Enrolled in the WinCo Medical Plan)

Please use this form to update the personal information for your dependents only; changes to an employee's personal information must be completed through Personnel.

Please follow the instructions below:

1. Complete section A.
2. Complete section B only for those dependents needing their personal information updated.
3. All changes require supporting documentation.
4. Submit the completed form (and any supporting documentation) by US Mail or fax to:

WinCo Benefits Team
PO Box 5756
Boise, ID 83705-0756
Fax: 208-672-2025

SECTION A: EMPLOYEE IDENTIFICATION INFORMATION (Please Print Clearly)				
Name (Last, First, Middle):			Employee ID:	
Phone:		Email Address:		
SECTION B: DEPENDENT INFORMATION (LIST ONLY DEPENDENTS BEING UPDATED)				
Name (Last, First, Middle):			Select Change(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Gender Change <input type="checkbox"/> Date of Birth <input type="checkbox"/> Social Security Number	
Relationship to employee:				
Birth Date:	Social Security #:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary		
Name (Last, First, Middle):			Select Change(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Gender Change <input type="checkbox"/> Date of Birth <input type="checkbox"/> Social Security Number	
Relationship to employee:				
Birth Date:	Social Security #:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary		
Name (Last, First, Middle):			Select Change(s) for this Dependent: <input type="checkbox"/> Name Change <input type="checkbox"/> Gender Change <input type="checkbox"/> Date of Birth <input type="checkbox"/> Social Security Number	
Relationship to employee:				
Birth Date:	Social Security #:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary		
By my signature below, I authorize WinCo's Benefits team to update my dependent's information as stated above.				
Signature:			Date:	