

Changing Minds... Changing Lives... Transforming the Region.

Wellness Center

LMC Dependent Benefit Request Form

Date:		
Name LMC Full-time Employee:		
Names FT Employee Dependent(s):		
Dependents must be minimum of 16 years of age		Age
		Age
* X		Age
		Age
		Λσο
To Be Completed By Human Resource All requests above verified as eligible		
Signature of HR Officer	Date	
Other Notation:		
Signature of HR Officer	Date	