



DEPENDENT INFORMATION UPDATE FORM

New legislative changes are mandated under the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). As a group health plan sponsor, CITGO must meet additional reporting requirements for both the Hourly and Salaried group health plans.

To meet the new group health plan Federal reporting requirements, the HR Total Rewards team **MUST HAVE** a valid Social Security Number stored in SAP for each employee, retiree, spouse and child eligible under the CITGO health plans has stored in their benefit plan record.

This form is for you to submit missing any Social Security Numbers for all of your eligible dependents. Please provide the requested information using one of the three secure and confidential options outlined below.

Option I – Contact the Benefits Helpline at 1-888-443-5707.

Option II – Complete the section outlined below and fax to the HR Total Rewards secure fax line at 1- 832-486-1842.

Option III – Complete the section outlined below and return this form to your HR Representative.

EMPLOYEE/RETIREE NAME:		CITGO PERSONNEL NUMBER:	
ELIGIBLE DEPENDENT NAME	DATE OF BIRTH	RELATION TO YOU	DEPENDENT SSN
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Should you have additional questions regarding the new reporting requirements more information is available on the Centers for Medicare (CMS) website at <http://www.cms.hhs.gov/MandatoryInsRep/> or contact the Benefits HelpLine at 1-888-443-5707. Your prompt attention to this request is greatly appreciated.

Sincerely,
HR Total Rewards
CITGO Benefits