



Affidavit for Insurance Purposes

Employee/Dependent Lacks Social Security Number due to Non-Citizenship

A Social Security Number is required for enrollment in any State of Wisconsin Insurance program. Since you indicated that you are unable to provide a Social Security Number for yourself, your spouse or other eligible dependent(s), you must complete this Affidavit.

Please return this completed Affidavit for Insurance Purposes to your Payroll and Benefits Office.

SECTION 1 Employee Information

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER (SSN) OR INTERNATIONAL TAXPAYER IDENTIFICATION NUMBER(ITIN)	
HOME ADDRESS: Number and Street (include Apt. #)		CITY	STATE	ZIP
HOME TELEPHONE (Include Area Code)		WORK TELEPHONE (Include Area Code and Extension)		
WORK EMAIL ADDRESS		STATE AGENCY / SECONDARY LEVEL		

Section 2 Spouse/Dependent Information – Use additional sheets if necessary

Complete for Spouse and/or Eligible Dependents unable to provide a Social Security Number.					
Spouse/Eligible Dependent(s) Name			Relationship to Employee	Date of Birth mm/dd/yyyy	ITIN
LAST NAME	FIRST NAME	MIDDLE INITIAL			

Section 3 Employee Signature and Date

By signing this affidavit I acknowledge that if I, my spouse or other eligible dependent is a Medicare beneficiary and I have not provided the requested Social Security Number(s) I may be violating my/our obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

EMPLOYEE SIGNATURE: _____ DATE: _____

Section 4 Employer Section – For Completion by the Employer only

DATE AFFIDAVIT RECEIVED BY EMPLOYER: _____

EMPLOYER SIGNATURE: _____ Date: _____

TYPE OR PRINT NAME _____

TELEPHONE NUMBER: _____ EMAIL: _____