

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 Date of Birth	Cuesta ID# Relationship		
Legal Spouse or Domestic Partner Name	Full Social Security Number Required				
Legal Dependent Name	Full Social Security Number Required	Date of Birth		3	
			☐ Son	□ Daughter	□ Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth			
			☐ Son	☐ Daughter	□ Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	- 3011	— Budgilloi	
			☐ Son	☐ Daughter	□ Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	2 3011	D badgiller	D Other
			☐ Son	☐ Daughter	□ Other
Legal Dependent Name	Full Social Security Number Required	Date of Birth	- 3011	D Daugnter	L Other
			Пса	□ Doughtor	□ Othor
Legal Dependent Name	Full Social Security Number	Date of Birth	☐ Son	☐ Daughter	☐ Other
Logal Dopondont Hamo	Required	Date of Billi			