

**The University of Tennessee
Family/Related Person Form**

Employee Name Last _____ **First** _____ **M.I.** _____
Personnel # _____ **SSN#** _____
Responsible Cost Ctr # _____
Effective Date _____

FAMILY/RELATED PERSON (IT0021)

Spouse (subtype 1)

Name _____ Date of Birth _____ SSN _____
(mm/dd/yyyy)

Dependent Child (subtype 2)

Name _____ Date of Birth _____ SSN _____
(mm/dd/yyyy)

Name _____ Date of Birth _____ SSN _____
(mm/dd/yyyy)

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(mm/dd/yyyy)

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(mm/dd/yyyy)

Name _____ Date of Birth _____ SSN _____
(mm/dd/yyyy)

Employee Signature: _____ date _____

Reviewed By: _____ date _____
Department Head or Designee