



Dependent Information

Management Division—Benefits Office

FR 1474

Complete all applicable information and send the signed form to the Benefits Office mail stop K-146.

Employee Information

Employee Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)
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Marital Information

Are you currently married? Yes No

If yes, provide your spouse's information below:

Spouse's Name (Last, First, Middle Initial)	Spouse's Date of Birth (MM/DD/YYYY)	Marriage Date (MM/DD/YYYY)
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Children Information

Do you have children? Yes No

If yes, provide information for dependent children below (list in order, eldest child first):

Child's Name (Last, First, Middle Initial)	Child's Date of Birth (MM/DD/YYYY)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Signature

I certify that the above information is true and correct to the best of my knowledge, and that I have read the Privacy Act Statement contained below.

Signature _____	Date (MM/DD/YYYY) _____
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BENEFITS OFFICE USE ONLY	
Input By _____	_____
Date _____	_____

Privacy Act Statement

The information you provide on this form is needed to document, in your personnel, payroll, and retirement records file, the type of benefits you could receive. This information may be disclosed to other federal agencies and congressional offices that have a need for the information in connection with your application for a job, license, grant, or other benefit. It may also be shared with national, state, local, and other charitable or social security administrative agencies for those agencies to determine and issue benefits under their programs. To the extent this information indicates a possible violation of civil or criminal law, it may be shared with the appropriate federal, state, or local law enforcement agencies. The information may be disclosed in legal proceedings in connection with your employment at the Board. Executive Order 9397, November 22, 1943, authorizes the use of your Social Security number to distinguish you from people with similar names. Maintenance of this information is authorized by Section 10 of the Federal Reserve Act (12USC244). Furnishing your Social Security number and other information is voluntary, but your failure to do so may result in a delay in the receipt of benefits, and may result in the reclassification of any benefits you receive.