

**Dependent Information Form**  
(Attachment to LS2)

Board of Governors of the  
Federal Reserve System

**Instructions:** Please complete all applicable sections. This information will be used to produce your annual Benefits Statement. Additionally, members of the Bank Retirement Plan are covered by the Life and Survivor Income Insurance Plan (LS11). As the cost of the plan is paid entirely by the Board, a portion of this benefit may be taxable depending on your level of income and the information furnished below. Amounts to be treated as income for tax purposes will be included on your form W-2.

**1. Identifying Information**

Name	Date of Hire
Social Security Number	Date of Birth

**2. Marital Information**

Are you currently married?                      Yes (complete Items below)                      No (skip to section 3)

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Spouse's Name (including maiden name)

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Spouse's Date of Birth    Date of Marriage

**3. Children** (list in order, eldest child first)

Name(s)	Date(s) of Birth (MM/DD/YY)
1.	
2.	
3.	
4.	
5.	

**4. Disability Status**

Is your Spouse or a dependent child disabled?                      Yes (if yes, date disability began: \_\_\_\_\_ )                      No

**5. Parental Dependency** (Complete ONLY if member of Bank Retirement Plan. Dependent parents may be eligible for benefits under the Survivor Income Plan.)

Are your parents dependent on you for more than 50 percent of their support?                      Yes (complete items below)                      No

Name(s)	Address	Date(s) of Birth

Date Dependency Began

**6. Signature**

I certify that the above information is true and correct to the best of my knowledge, and that I have read the back of this form.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Input by _____	LSII Code: <input type="checkbox"/>
Input date _____	0 Ineligible
	1 Lump sum default
	2 Survivor income
	3 Lump sum election

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**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 LSII 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.

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