



CHICO UNIFIED SCHOOL DISTRICT
PAYROLL DEPARTMENT
1163 E. SEVENTH STREET
CHICO, CA 95928

(530) 891-3000, Ext. 114

MEMO

DATE: _____

TO: Jan Keller-Butte Schools Self-Funded Program (JPA)

FROM: _____
Print Name

Signature

SS# _____

SUBJECT: IRS Dependent Status for Health, Dental &/Or Vision
Insurance. (Please circle what insurances that are affected.)

This memo is written to confirm that my son/daughter _____,
SS# _____ born _____, is being claimed on my
income taxes as an IRS dependent.

(Please check the following that **best** states your situation.)

_____ My son/daughter has always been IRS dependent since birth. Please
reinstate benefits with no break in coverage.

_____ My son/daughter is IRS dependent for the _____ calendar year.