



Application for Dependent UGACard for Faculty, Staff, and Official Campus Visitors

This form **must** be completed and signed by the faculty/staff member or Official Campus Visitor.

For Dependents ages 18-25, page 2 of this application must be completed (Also contains additional requirements for over 18 Dependents).

Return by one of the following methods:

Mail to: UGACard Office
309 Tate Student Center
Athens, GA 30602

FAX: 706-542-0070

Encrypted E-mail: Login to <https://sendfiles.uga.edu>
E-mail to: "ugacard" (just the username!)
DO NOT TRANSMIT SSNs BY REGULAR E-MAIL

Last Name: _____ First Name: _____

UGAID Number: _____

Department: _____ Job Title: _____

Dept. Telephone #: _____ Home Telephone #: _____

1. Dependent's Name (Last, First):

Male Female Social Security Number*: _____

Date of Birth: _____ (mm/dd/yyyy)

Relationship to you: Dependent Child Spouse/Partner

2. Dependent's Name (Last, First):

Male Female Social Security Number*: _____

Date of Birth: _____ (mm/dd/yyyy)

Relationship to you: Dependent Child Spouse/Partner

3. Dependent's Name (Last, First):

Male Female Social Security Number*: _____

Date of Birth: _____ (mm/dd/yyyy)

Relationship to you: Dependent Child Spouse/Partner

*Social Security numbers are used in UGA's Identity Manager (IDM) to create the UGAID number. The use of UGAID will not eliminate the need to collect, store and transmit SSN, but will greatly reduce the use of SSN in internal business and reduce the number of repositories where SSN is stored. The UGACard Office, a key component of the ID Management System, requires verification of SSN in order to ensure the integrity of ID Management data and records. For more information on SSN/UGAID and ID Management, visit <http://idmanage.uga.edu>.

Sponsor Signature: _____ **MyID:** _____@uga.edu _____

Date: _____

Remember:

The UGACard costs \$20.00. Acceptable methods of payment are cash, personal check, and credit card.

Employees need not accompany family members if his/her employment status is in the database and all paperwork has been properly completed and received in the UGACard Office.

Please bring positive photo identification, such as State PHOTO driver's license, passport, military identification, employee photo identification, or other school or college photo ID card.

For spouses, you may be asked to provide proof of marriage. For dependent children, you may be asked to provide copies of children's birth certificates or court orders for legal custody. Children age 18-25 may be asked to provide school/college photo ID as proof of enrollment.

UGACard Office University of Georgia 309 Tate Student Center Athens, GA 30602

P) 706-542-9226 F) 706-542-0070

Revised 03/2016



**SPONSORED DEPENDENT
AGES 18-25**

UGACard Office

EXPIRATION DATE: June 30, 2017

Dependent children between the ages of 18 and 25 may be eligible for a Dependent UGACard. To be eligible, the dependent must be an enrolled student, living at home (or away at school), and unmarried.

The only exceptions to the full-time student and age limit provisions are children of any age who have been designated by the Sponsor's health insurance provider as permanently disabled dependents. Documentation must be provided to the UGACard Office to be kept on file. Questions about dependent coverage may be directed to Human Resources at 706-542-2222 or benefits@uga.edu.

Eligibility for campus services is determined by the service provider. The Ramsey Student Center, University Health Center, UGA Golf Course, and some Student Affairs-sponsored programs may extend some privileges to these individuals. Dependents are not eligible for Athletic Tickets or free ridership on Athens Transit.

In order to maintain eligibility, the UGA sponsor will have to sign and return a form each year, indicating the status of each over-age-seventeen dependent. Once the form has been received in the UGACard Office, the database will be updated and privileges extended from July 1, 2016 through June 30, 2017.

In this, as with all official State records and documents, falsification is cause for immediate dismissal and may be grounds for criminal prosecution.

Feel free to contact the UGACard Office at 706-542-9226 with questions you might have.

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1- Dependent Name _____

Date of Birth: _____

School Attending _____

School ID# _____

2- Dependent Name _____

Date of Birth: _____

School Attending _____

School ID# _____

3- Dependent Name _____

Date of Birth: _____

School Attending _____

School ID# _____

Print Sponsor Name _____

UGA ID #: _____

Sponsor Signature _____

Telephone # _____

By signing and returning this form you affirm that your dependents are students, unmarried, and financially dependent on you. You further affirm that you will notify us when this status changes.