

**Substitute W-9 Form:
Request for covered family member Social Security numbers and certification**

Please note: If you prefer not to complete this form, you can instead call 844.891.4602 toll-free. After you provide your member ID, you'll be prompted to enter the SSN(s) we're missing for your family.

Member first name: _____ Member last name: _____

Member ID number: _____

Member address: _____

Member city: _____ State: _____ Zip: _____

Member preferred email address: _____

*By providing your email address, you agree to receive email news and information from GEHA.
You have the ability to opt out from within any email communication you receive from GEHA.*

Please list the date of birth and Social Security number for your covered family members:

Name		Date of birth			Social Security number				
First name	Last name	Month	Date	Year					
_____	_____	____/	____/	____	□□□□	-	□□	-	□□□□□□
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If you need more space, please continue on a second sheet of paper.

Please fax the completed form to 816.257.3302.

You can also mail the completed form to:

**GEHA
PO Box 21542
Eagan, MN 55121-9930**

Under the penalties of perjury, I certify that the numbers shown above are the correct Social Security numbers (SSNs) for the associated covered family member under my FEHB plan enrollment.

Your signature: _____

Date: _____