



Dependent Supporting Documentation Cover Sheet

Name: Insurance ID Number:

Address:

City: State: ZIP:

Dependent Name:	Type of Supporting Documentation Attached:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please mail or fax this cover sheet along with supporting documentation listed above to:

Simplot Employee Service Center
PO Box 27
Boise, ID 83707
Attn: Proof of Dependency
Fax: (208) 389-7423