

# Carnegie Mellon Request for ID+ Cards for Family Members/Registered Domestic Partners of Faculty and Staff Members

## Instructions

Please provide the information requested below. Return the completed form to the Human Resources Benefits and Compensation Office, UTDC, 4516 Henry Street, 15213-3730 for approval. Upon approval by the Human Resources Benefits Office, your family members/Domestic Partner will be eligible for their Carnegie Mellon University ID+ Card, which can be obtained at the Card Office.

## Card Office Information

*Office hours and card price are subject to change*

**Location:** Warner Hall, Lower Level

**Price per ID+ Card:** \$15.00 each

**Phone #:** 412-268-5224

**Web Site:** <http://www.cmu.edu/idplus/>

**Email:** [idplus@andrew.cmu.edu](mailto: idplus@andrew.cmu.edu)

## Employee Information

*Please print or type.*

Last Name	First Name	M.I.	Social Security Number
Title		Department	
Campus Address	Work Phone	E-mail address	

## ID+ Cards are requested for:

*Please print or type.*

Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child

## Signatures

I certify that the person(s) listed above is(are) my eligible family members: spouse, domestic partner and/or dependent child.

_____	_____	_____	_____
Faculty or Staff Member Signature	Date	Human Resources	Date

## Benefits Office Use Only

Carnegie Mellon University reserves the right to modify, amend or terminate any or all of the provisions of this policy and these administrative procedures at any time for any reason upon appropriate action by the University. Notwithstanding any of the prior statements, in all cases, University policies will govern.

*Return to Human Resources -- Benefits & Compensation Office, 4516 Henry Street, UTDC, Pittsburgh, PA 15213-3730.*