GREENE COUNTY
SPOUSE ELIGIBILITY VERIFICATION FORM

Your employer sponsored insurance plan excludes coverage for a spouse who has coverage available through his/her own employer. In order to determine your spouse's eligibility for coverage under your employer's plan, the following information is needed. Please answer all questions and return to the auditor's office.

NOTE: If you do not wish to cover your spouse on your plan, you do not need to complete this form.

1. Is your spouse employed elsewhere? ☐ Yes ☐ No
   If yes, please list the employer's name. _____

2. Does your spouse's employer offer medical insurance? _____
   If yes, is medical coverage offered for the employee only or for the employee and family?_____

3. Is spouse eligible for coverage under their employer's medical plan? ☐ Yes ☐ No
   Date your spouse will become eligible for coverage under their employer medical plan_____. * **NOTE: If not eligible, a statement from spouse's employer that verifies they have no coverage available is required in order to be covered by spouse's plan.**

4. Is your spouse currently covered on the medical plan offered by his/her employer? ☐ Yes ☐ No
   If "yes" effective date of coverage _____. If yes, are any other family members covered (list names & effective dates)? _____
   _____
   _____

5. Please list the name and telephone number of your spouse's medical insurance carrier or plan.
   _____

6. Does your spouse's employer offer any other types of insurance coverage (i.e. dental, vision)?
   _____ Please list the coverage's offered._____

7. Please list all family members covered under these other coverage's.
   _____

I represent that the information furnished above is complete and accurate to the best of my knowledge. In addition I understand that if there are any changes in the information it is my responsibility to report this to my employer at the time of the change. I accept responsibility for any claims paid incorrectly because of incomplete or inaccurate information provided on this form.

Employee Name: _____

Employee Signature: _____ Signed: _____