

Spouse Affidavit

Employment Information		
Date Affidavit Received (For Employer Use):	Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired	Union Group: _____ <input type="checkbox"/> Check here if you are/were Non-Union.
Employee/Retiree Information		
Name:		Social Security No:
Current Address:		Home Phone:
City, State Zip:		Other Phone Contact:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Number of dependents listed on your insurance? _____
Spouse Verification - Please complete this form on your spouse if enrolled in the health plan.		
<p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower</p> <p>Should your spouse be covered under your insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach a copy of page one of your most recent federal or state tax return that shows you are married. If you are married recently and have not yet filed a tax return as a married person, you may provide a copy of your marriage certificate. <i>All financial information and the first five digits of any social security number on submitted documents may be blacked out.</i></p>		
Spouse's Name:		Social Security No:
Employee Signature:		
I certify that the information on this form is true. If it is determined later that I provided false information, I understand that I may be held responsible for ineligible claims paid by the plan.		
Signed:		Date: