

# SPOUSAL EMPLOYER VERIFICATION FORM

*Northern Buckeye Health Plan requires spouses of covered employees to join their employer's group health plan, for at least individual coverage, where such eligibility to coverage exists. In order for your employee to be considered for medical coverage with Northern Buckeye Health Plan, this form must be completed and returned by the employee.*

## To be completed by Member

Member Name:
Spouse's Name
Spouse's Date of Birth:

## To be Completed by Spouse's Employer

Company Name	
Company Address	
Our Company's Health Plan year ends on _____ (Example: Dec 31, XXXX)	
<input type="checkbox"/>	My employee <b>is</b> eligible for medical coverage through our organization. <i>If checked, this employee must enroll in primary coverage through your employer-sponsored medical plan, for at least individual coverage.</i>
<input type="checkbox"/>	My employee <b>is not</b> eligible for medical coverage through our organization. Reason not eligible: _____ <i>If checked, this employee is <b>NOT</b> required to enroll in your employer-sponsored plan medical plan, as long as the situation applies.</i>

## Employer Information

Other Insurance Information	Medical Carrier	RX Carrier (if different from Medical)
Insurance Company Name		
Insurance Company Address		
Group Policy Number		
Type of Policy (PPO, HDHP/HSA, EPO or HMO)		
Effective Date		
Coverage Type	Employee Only <input type="checkbox"/> Family <input type="checkbox"/>	Employee Only <input type="checkbox"/> Family <input type="checkbox"/>

Dependents Covered Under Above Policy

**NOTE: Falsifying employment status is fraud and will result in financial penalty and or/loss of coverage for the spouse covered under NBHP. Falsifying information may also be prosecuted to the fullest extent of the law.**

The above responses are correct to the best of my knowledge.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Employer or HR Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_ EXT.

Employee may upload this document on the enrollment site <https://nbhp.benelogic.com> or return to your Treasurer or Personnel Office.

