



**THIS SECTION TO BE COMPLETED BY THE EMPLOYER OF THE SPOUSE OF THE**

**DISTRICT/ENTITY \_\_\_\_\_ EMPLOYEE \_\_\_\_\_**

YOUR

EMPLOYEE'S NAME: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S MAILING ADDRESS: \_\_\_\_\_

	Medical	Prescription
1. Do you offer group insurance to your employees or retirees? Please check Yes or No for each type of coverage listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the spouse listed above eligible for coverage? Number of hours employee works per week (if active) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you offer a Health Savings Account (HSA) plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is this employee/retiree enrolled in the HSA plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If employee is NOT eligible for coverage, please explain why:		

**HEALTH INSURANCE PLAN INFORMATION**

PLAN/GROUP # \_\_\_\_\_ EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_

INSURANCE COMPANY/TPA NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**SINGLE COVERAGE COST ONLY:**

MONTHLY EMPLOYER COST \$ \_\_\_\_\_ MONTHLY EMPLOYEE COST \$ \_\_\_\_\_ OR \_\_\_\_\_%

**PRESCRIPTION DRUG PLAN INFORMATION (If separate from Health Insurance)**

PLAN/GROUP # \_\_\_\_\_ EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_

INSURANCE COMPANY/PBM NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**SINGLE COVERAGE COST ONLY:**

MONTHLY EMPLOYER COST \$ \_\_\_\_\_ MONTHLY EMPLOYEE COST \$ \_\_\_\_\_ OR \_\_\_\_\_%

**EMPLOYER CERTIFICATION**

**I HEREBY CERTIFY THE ABOVE EMPLOYER AND PLAN INFORMATION IS CORRECT**

\_\_\_\_\_  
SPOUSE'S EMPLOYER SIGNATURE

\_\_\_\_\_  
PRINTED NAME AND TITLE

\_\_\_\_\_  
AREA CODE/PHONE NUMBER

\_\_\_\_\_  
DATE

**ATTENTION EMPLOYEE: PLEASE RETURN COMPLETED CERTIFICATION  
TO YOUR DISTRICT/ENTITY TREASURER'S OFFICE.**