TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Spouse Eligibility Verification Form

In order to enroll a spouse in your group health plan, this form must be filled out to verify other coverage. *Please keep a copy of this document for your files & return original to your employer.*

I. Employee Information

Name: _____ Social Security No: _____

Employer's Name: _____

II. Spouse Information

If any employer-sponsored health plan is available to your spouse, they must be enrolled in that plan as their primary coverage in order to be eligible for coverage through your employer's TAC HEBP group health plan. If your spouse enrolls in your employer group plan, the TAC coverage is secondary. If your spouse is self-employed, the employer is his/her company. If your spouse is unemployed or retired, you do ***not*** need to complete SECTION A of this form; proceed to the Acknowledgement section below; sign, date and return to your employer.

Spouse's Name: _____ Social Security #: _____

Is your spouse: ☐ Employed ☐ Self-employed ☐ Retired ☐ Unemployed but not retired

Section A: Spouse Employment Information

Spouse's Employer or Business Name: _____

Work Phone Number: _____

Is spouse enrolled in the employer's group health plan? ☐ Yes ☐ No

If so, provide the benefit effective date: _____

If the employer does not provide a group plan, is coverage for the employee provided through individual health insurance coverage? ☐ Yes ☐ No

If insured, either through a group or an individual policy, provide the name and telephone number of the insurance company: _____

Spouse Eligibility Verification Employee Acknowledgment

I hereby certify that I have read this document and the answers are true and correct. I further understand that a false or fraudulent statement or representation, made in order to procure coverage under a health benefit plan, including a public plan such as Texas Association of Counties Health and Employee Benefits Pool, for a person who is ineligible for such plan, is a violation of the anti-fraud provisions of the Health Insurance Portability and Accountability Act, 18 USC § 1035, to which civil and criminal penalties, including imprisonment, can apply.

Employee Signature: _____

Title/Dept: _____ Date: _____