

SPOUSAL MANDATE ELIGIBILITY VERIFICATION COVER SHEET

EMPLOYEE INFORMATION		
Name	Employee ID #	Please provide your contact information below:
SPOUSE NAME		DOCUMENTATION ATTACHED
Name (Last / Jr-Sr., First)		

Please submit one of the following documents along with this cover sheet:

- Copy of current proof of receipt of unemployment benefits
- A letter from spouse’s employer validating they are not eligible for coverage through their employer
- 2019 or 2020 Federal Income tax filing that verifies that spouse is self-employed, retired, disabled or unemployed.

If you have any questions, please call the HR Service Center at 800-890-5420. Service Center representatives are available Monday through Friday, 8 am until 5 pm EST.

By my signature on this form, I certify and warrant that all information in this dependent eligibility verification document submission is true, correct and current as of the date signed. I further authorize Novant Health to verify this information. Falsification of this documentation will be addressed thru the Novant Health progressive discipline policy.

Employee Signature

Date

****IMPORTANT** - If you will be enrolling a dependent (spouse and/or child(ren)) onto your Novant Health medical plan you have 31 days to submit required documentation. Required documentation must be uploaded to Employee Self-Service documentation that verifies the individual(s) you are enrolling are your eligible dependents. Additionally, if the dependent you are enrolling is your spouse, you must also upload documentation that verifies your spouse is not eligible for other group medical insurance, such as through their employer, if employed.

Eligible Dependents	Required Information
Spouse	<p>Photocopy of <u>pages 1 and 2</u> of the employee's current federal tax return that includes the employee's spouse, you may remove all financial information and all but last 4 of SSN.</p> <p><i>If you do not file joint tax returns:</i></p> <p>You must provide a photocopy of your marriage certificate, AND proof of joint debt/ownership. The proof of joint debt/ownership must show the employee and spouse names, and dated within the past 90 days.</p> <p>Spouse Mandate:</p> <p>You must also provide documentation that your spouse is not eligible for other group medical insurance, such as through their employer if employed. Examples of acceptable documentation would be a letter from your spouse's employer (<i>letter from spouse's employer must be dated November 1, 2020 or later</i>); most recent tax return* showing your spouse is either self-employed, unemployed or home maker.</p> <p><i>*If you are providing a tax return as proof that your spouse is self-employed and therefore not eligible for employer sponsored group medical coverage, please also include the Schedule C.</i></p>
Child (up to age 26)	<p>Photocopy of the front page of the employee's current federal tax return that includes the child (you may remove all financial information and all but the last 4 of the SSN)</p> <p><i>If the child is not listed on your tax returns:</i></p> <p>You must provide a photocopy of the birth certificate showing employee's name</p>
Stepchild	<p>Photocopy of the front page of the employee's current federal tax return that includes the child (you may remove all financial information and all but the last 4 of the SSN)</p> <p><i>If the child is not listed on your tax returns:</i></p> <p>You must provide a photocopy of birth certificate showing spouse's name AND a marriage certificate to verify you are married to the child's biological parent.</p>
Legal Dependent	<p>Photocopy of the employee's current federal tax return that includes the child (you may remove all financial information and all but the last 4 of the SSN)</p> <p><i>If the child is not listed on your tax returns:</i></p> <p>You must provide applicable court documentation. (i.e. Qualified Medical Child Support Order, Adoption Decree, Final Court Custody papers)</p>