



Employer Verification of Uninsured Spouse

This form is to be provide to and completed by member’s spouse’s employer if the spouse is employed, but not enrolled in medical coverage.

Dear Employer,

I.B.E.W. 292 Health Care Plan requires all dependent-spouses obtain employer-sponsored medical coverage if available at a cost to the employee of \$250.00 or less per month (excluding costs associated with the addition of dependents or additional dental or vision coverage). This form **MUST** be completed if your employee is employed but not enrolled in the employer-sponsored medical plan.

Employee Name	Hire Date
Employer Name	Employer Phone
Employer Address	
<input type="checkbox"/> Employer does not offer medical coverage or employee is not eligible for medical coverage under he employer’s plan due to: _____	
<input type="checkbox"/> Medical coverage is available to this employee, but the premiums are \$250.00 or more per month. Any optional or voluntary benefits (like vision, dental or dependent coverage) would not count towards the \$250.00 threshold. Lowest monthly cost to employee if enrolled: _____	
<input type="checkbox"/> Employee has coverage available after their waiting period expires and coverage will be effective: _____	
<input type="checkbox"/> Employee currently does not have coverage but will enroll during employer’s open enrollment period and coverage will be effective: _____	
I hereby certify that the above-named individual is an employee of the above-named employer and that all representations made related to medical coverage are true and correct.	
Employer Representative	Title
Representative Signature	Date