

Health Insurance Enrollment Application/Change Form Verification Required for Audit Purposes

New health insurance enrollees and employees desiring to add eligible person(s) to health insurance coverage are required to provide documentation for both spouse and dependent(s) to be covered under the health insurance plan.

If adding child(ren), please attach the following to your completed application form:

- Photocopy of birth certificate **or** Order of Custody **or** other Court Order, providing authority as a parent or legal guardian
- If adding adopted child(ren), please provide photocopy of Order of Adoption or amended birth certificate

If adding a spouse, please attach photocopies of all of the following three documents along with your completed application form:

- Marriage certificate
- Spouse's birth certificate (for date of birth purposes)
- Affirmation of on-going marital status (see below)

Please provide the applicable documentation required for the processing of your health insurance enrollment application/change form. Lack of required documentation may result in processing delays.

Affirmation of On-Going Marital Status
(Required Only if Adding a Spouse)

I, _____, do hereby swear, affirm, and verify that I was legally married to _____ on _____ and that our marriage was not and has not been terminated by divorce or annulment or by any other termination proceeding of any type which would have the effect of legally terminating the marital relationship.

This affirmation is being signed at the request of my employer for purposes of verifying the on-going existence of a legal marital relationship. I am aware that these representations will be relied upon for medical insurance and other fringe benefit purposes, and that false statements or false verification will lead to a loss of medical insurance and/or other fringe benefits and may result in disciplinary action.

I hereby affirm that the statements herein are true and accurate, under penalty or perjury.

I hereby agree to notify the district within 60 days of any change to my family status, including divorce, birth, or child turning age 26.

Signature: _____ Date: _____

Print Name: _____