Atlantic Medical Imaging

IMPORTANT NOTICE REGARDING SPOUSAL ELIGIBILITY FOR MEDICAL INSURANCE

*=Required Fields

*EMPLOYEE NAME: (FIRST, MI, LAST)

*OFFICE

If your spouse is eligible for group health insurance coverage through his/her employer's plan, he/she must participate in that group coverage and is no longer eligible for coverage under the AMI group health insurance plan.

Is your spouse employed?

☐ Yes – Complete the spouse information

☐ No – Complete the spouse information
(proof may be requested – e.g.: unemployment statement, SSI payments, state assistance, etc.)

Is your spouse offered health coverage through his/her employer? ☐ Yes ☐ No

Please note: A statement from your spouse's employer indicating that coverage is not offered to your spouse will be required.

SPOUSAL INFORMATION:

*SPOUSE'S NAME: *DATE OF BIRTH:

*SPOUSE'S EMPLOYER NAME:

*SPOUSE'S EMPLOYER HR/BENEFITS CONTACT & PHONE NUMBER:

If your spouse is currently enrolled in his/her employer's medical plan, please provide a copy of their insurance card and attach to this form.

If your spouse is NOT enrolled in his/her employer's medical plan, please choose from the following:

☐ My spouse will enroll during his/her employer's open enrollment period (provide date):

☐ My spouse is a newly hired employee and not eligible for coverage until (provide date):

☐ My spouse is employed part time and does not qualify for benefits under his/her employer's plan

☐ My spouse is self employed – must provide proof

☐ My spouse is not employed

☐ My spouse is retired

Attestation:
I certify that the answers I have provided on this form are true and accurate. I understand that a person may be committing insurance fraud if he/she submits a form containing false information or deceptive statements. I further understand that if it's discovered that I made false or deceptive statements on this form, I will be subject to disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE **DATE** **EMPLOYEE'S SPOUSE'S SIGNATURE** **DATE**