Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds

8814 Fargo Road · Suite 200 · Richmond, VA 23229 · www.tjc83funds.org
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530 · Email: documents@tjc83funds.net

SPOUSE EMPLOYMENT AND INSURANCE VERIFICATION FORM

THIS FORM IS TO BE COMPLETED BY THE SPOUSE'S EMPLOYER to verify whether employer-sponsored health insurance is available to the participant's spouse. The Fund uses this information to coordinate benefit payments with other insurers that provide coverage to the participant's family.

This section must be completed by the spouse's HR or Benefits Department			
Employee's Name	Employee's SSN	Hire Date	
Employer's Name	Employer's Address		
Is group insurance offered to this employee? ☐ Yes ☐ No	Is the employee enrolled in the offered benefit plan? ☐ Yes ☐ No	Is coverage free for this employee? ☐ Yes ☐ No	
Name of Insurance Carrier		Phone No.	
Effective Date of Coverage	Coverage Termination Date	Is there an open enrollment period? ☐ Yes ☐ No If yes, when? _____	
Is coverage for self or self & dependents? ☐ Self Only ☐ Self & Dependents	List names of dependents covered		
Would the employee forfeit any other benefits by electing coverage with the Fund office? ☐ Yes ☐ No	Does the carrier use the birthday or gender rule to determine primary coordination of benefits?		
Name of person completing this form (print)	Title	Phone No.	
Signature of person completing this form		Date	

If the spouse **IS NOT** employed the Teamster's participant must complete the following attestation:

I _____ attest that _____, is my legally married spouse and is
(participant's name) (spouse's name)
currently not eligible for any other sponsored health insurance benefits. Should he/she become eligible for health insurance coverage at a later date I understand it is my responsibility to notify the Funds office so that benefits can be coordinated appropriately. I hereby certify that all answers and statements on this document are true and complete.

Participant's Signature _____ Date _____