

RETIREE EMPLOYMENT VERIFICATION FORM

NAME: _____ CONTRACT # _____

1. Are you employed? Yes No. If "No" skip the following questions, sign and return the form.

Current Employer _____

Employer's Address _____

Employer's Telephone No. _____

Employment Hire Date _____

2. Does your employer offer group health insurance? Yes No.
If "No" skip the following questions, sign and return the form.

3. Does the employer contribute at least 50% or more of the cost of single health insurance coverage for its employees? Yes No.
If "No" skip next question, sign and return the form.

4. Are you eligible for your employer's group health insurance coverage?
Yes No. If "No" please explain why not.

AFFIRMATION AND RELEASE

I hereby affirm that I have completely read and fully understand the terms and conditions of this form. I attest that all representations made by me on this form are true and complete. I understand that any misrepresentations may result in the forfeiture of insurance coverage and that I will be personally liable for all claims related to such misrepresentations.

Retiree Signature _____ Date _____

Discrimination is Against the Law

The State Employees' Insurance Board (SEIB) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The SEIB does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The SEIB:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact 1-855-216-3144 or TTY: 711.

If you believe that the SEIB has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Section 1557 Coordinator, 201 South Union Street, Montgomery, Alabama, 36104; Direct: (334) 263-8413; Fax (334) 263-8711; Email: 1557Grievance@alseib.org. You can file a grievance by mail, fax, email or in person. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711).

Korean: 주의: 만약 당신이 말하는 스페인어, 당신은 당신의 처리 무료 언어 지원 서비스에 있다. 전화는 1-855-216-3144 (TTY: 711).

Chinese: 注意: 如果讲西班牙语, 有免费的援助语言及其处置服务。调用 1-855-216-3144 (TTY: 711)。

Vietnamese: Chú ý: Nếu bạn nói tiếng Tây Ban Nha, bạn có lúc xử lý ngôn ngữ miễn phí dịch vụ hỗ trợ của bạn. Gọi đến 1-855-216-3144 (TTY: 711).

Arabic: 1-855-216-3144 إلى الدعوة اللغوية بالمساعدة خدماتها من التخلص وفي، الإسبانية يتحدث كان إذا: تنبيهه 3144 (TTY: 711).

German: Achtung: Wenn Sie Spanisch sprechen, müssen Sie Ihre kostenlose Hilfe Serviceleistungen zur Verfügung. Aufruf an die 1-855-216-3144 (TTY: 711).

French: ATTENTION : Si vous parlez espagnol, vous avez à votre disposition linguistique gratuite assistance services. Appel à la 1-855-216-3144 (ATS : 711).

Gujarati: યુના: જો તમે જરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-1-855-216-3144 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

Hindi: ध्यान दें: यदि स्पेनिश बोलते हैं, अपने निपटान पर सेवाओं की भाषाई सहायता निः शुल्क है। 1-855-216-3144 कॉल (TTY: 711)।

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на испанском языке, вы имеете в вашем распоряжении бесплатные помощи услуги. Вызовите 1-855-216-3144 (TTY: 711).

Portuguese: Atenção: Se fala espanhol, tem em seus serviços de eliminação de assistência linguística. Ligue para o 1-855-216-3144 (TTY: 711).

Turkish: Dikkat: İspanyolca, elden çıkarma ücretsiz dil yardım hizmetlerinde varsa. Aramak için 1-855-216-3144 (TTY: 711).

Japanese: 注意: あなたがスペイン語を話す場合、あなたはあなたの処分無料言語アシスタンスサービスであります。1-855-216-3144 を呼び出す (TTY: 711)