

State Employees' Health Insurance Plan Unemployed or Retired Spouse Verification

(To be used with the Spousal Surcharge Waiver Application)

**Return completed form to: State Employees' Insurance Board, PO Box 304900, Montgomery AL 36130-4900
Telephone: (334) 263-8341 / Toll Free: (866) 836-9737 / Fax: (334) 263-8541**

Only use this form if your spouse has retired or become unemployed since you last filed a state or federal tax return and if your spouse's retired or unemployed status is not stated on your most recent state or federal tax return. If the retired or unemployed spouse's occupation is listed as unemployed, retired or homemaker (etc.) on your most recent state or federal tax return, you do not have to submit this Verification.

SUBSCRIBER INFORMATION (PLEASE PRINT)	
Name:	SEHIP Contract Number:
Address:	
City, State and Zip:	
SPOUSE'S INFORMATION (PLEASE PRINT)	
Spouse's Name:	
Name of Spouse's Last Employer:	
Last Employer's Address:	
Last Employer's City, State and Zip:	
Date Spouse's Employment Ended:	
<p>I, _____, hereby certify that my spouse has become unemployed/retired (circle one) since I, or my spouse, last filed state or federal tax returns. As a result, my state and/or federal tax returns from the previous year do not indicate that my spouse is unemployed/retired (circle one). I also certify that my spouse is not covered by, or eligible for, any other employer group health benefits.</p> <p>I hereby certify that the information provided in this Verification is true and correct. I also understand that if I, or my spouse, knowingly and willfully submits false information to the SEIB in order to obtain a waiver of the spousal surcharge or fail to immediately notify the SEIB that my spouse is no longer eligible for a waiver of the spousal surcharge, I will be subject to disciplinary action, including termination of coverage. In addition, I understand that I will be responsible for any and all spousal surcharges that were waived, as well as all claims and other expenses, plus interest, incurred by the SEHIP.</p>	
_____ Signature of Subscriber	_____ Date
<p>By signing below, I agree that the SEIB can contact my former employer and I hereby authorize my former employer, listed above, to disclose any and all information to the SEIB in order to verify the representations made on this Verification.</p>	
_____ Signature of Spouse of Subscriber	_____ Date