



# Ministries

## MEDICAL/PRESCRIPTION DRUG (Rx) INSURANCE ELIGIBILITY SPOUSAL VERIFICATION FORM – 2022 Plan Year Annual Update

Phoebe Ministries Employee \_\_\_\_\_ Facility \_\_\_\_\_  
(LAST, FIRST, M.I.) Please PRINT NAME

### SECTION I

#### To Be Completed by Phoebe Ministries Employee & Spouse

I, \_\_\_\_\_ (PRINTED Employee Name), certify that my spouse,  
 \_\_\_\_\_ (PRINTED Spouse Name), is: (CHECK ONE)

a.  Employed (If checked, SECTION II must also be completed by Spouse's Employer)  
 b.  Currently unemployed      c.  Retired      d.  Self-employed with no benefits

I certify that the information on this form is true and correct. I agree that, in the event my spouse becomes employed or health benefits-eligible, I will advise Phoebe Ministries within thirty (30) days of the change. Further, I am aware that Phoebe Ministries deems that falsification of information on this document or failure to advise of spousal employment constitutes insurance fraud, which may lead to disciplinary action up to and including termination of employment.

Signature of Employee	Date
Signature of Employee's Spouse	Date

### SECTION II

#### To Be Completed by Spouse's Employer, if employed

Company Name (PRINT) \_\_\_\_\_

Company Address \_\_\_\_\_

**1** \_\_\_\_\_ is eligible for medical insurance with our co. effective \_\_\_\_\_  
 (Name)  
 Comment \_\_\_\_\_

**2** \_\_\_\_\_ is NOT ELIGIBLE for medical insurance with our company  
 (Name)  
 because \_\_\_\_\_  
 Print Name/Title \_\_\_\_\_ e-mail \_\_\_\_\_

Signature of HR Benefits Representative	Date	Telephone Number
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**Please return completed Form  
By December 06, 2021 to:**

Phoebe Ministries  
ATTN: Human Resources Dept.  
1925 Turner Street  
Allentown, PA 18104      FAX (610)794-5420  
e-mail [benefits@phoebe.org](mailto:benefits@phoebe.org)

**For Effective Date** 01-01-2022

Questions may be directed to: (610)794-5176  
POLICY/INSTRUCTIONS ON REVERSE



## Ministries

### **MEDICAL/PRESCRIPTION DRUG (Rx) INSURANCE ELIGIBILITY SPOUSAL VERIFICATION FORM – 2022 Plan Year Annual Update**

#### **POLICY/INSTRUCTIONS**

An employee's spouse is not eligible for medical/Rx coverage with PHOEBE MINISTRIES if he/she is employed by a company who offers medical plan benefits. If a PHOEBE MINISTRIES employee's spouse has employer-sponsored health coverage available to him/her through their employer, the spouse must enroll in that employer's medical insurance coverage.

**If your spouse is not eligible for another employer's medical plan, you must return this form before he/she can elect to be covered under the PHOEBE MINISTRIES medical/Rx plan.**

**If the form is not returned, an enrolled spouse will automatically be removed from employee's PHOEBE MINISTRIES medical/Rx plan.**

Spouses can continue to elect coverage under the PHOEBE MINISTRIES dental & vision plans.

In the event a spouse later becomes employed or health benefits-eligible with an employer, employee must advise PHOEBE MINISTRIES with thirty (30) days of this change & provide appropriate documentation.

**\*This form will be an annual requirement during every subsequent Open Enrollment period.\***

**THE FORM IS DUE BY December 06, 2021.**

1. **IF SPOUSE IS NOT EMPLOYED, RETIRED, or SELF-EMPLOYED** with no health benefits:

If you wish to newly add your spouse on PHOEBE MINISTRIES' medical/Rx plan, you and your spouse must complete the certification contained in SECTION I (see reverse side of this Form).

2. **IF SPOUSE IS EMPLOYED** (with no health benefits or limited benefits):

If you'd like to include your spouse on PHOEBE MINISTRIES' medical/Rx plan, you must have SECTION II # 1 or # 2 (see reverse side of this Form) completed by a Human Resources Benefits Representative of your spouse's employer. Upon completion, the HR Representative should forward the Form to PHOEBE MINISTRIES' Human Resources Department. The information supplied will determine whether your spouse is eligible for medical/Rx coverage with PHOEBE MINISTRIES.

#### **NOTE TO NEW ENROLLEES:**

Proof of marital status (copy of marriage license/certificate) is required.

**SEE REVERSE SIDE – SIGNATURE(S) NEEDED**