

CATHOLIC DIOCESE OF COLUMBUS

SPOUSAL EMPLOYMENT STATEMENT

Spouse's Name _____

This is to verify that my spouse is NOT eligible for, OR enrolled in, any other group health coverage and/or is NOT receiving any cash/credit from an employer to purchase health coverage elsewhere.

Please check the applicable category description, and ATTACH any documentation listed as required - (Notary witness is NOT required for these categories):

Group health coverage is not offered to my spouse - MUST provide verification letter from spouse's employer

My Spouse is self-employed - MUST provide verification of self-employment: i.e., tax I.D. #, invoice, etc.

Spouse is also an employee of the Diocese

My Spouse is enrolled at his/her place of employment as primary health insurance coverage - A copy of the spouse's group health insurance card (both sides) MUST be attached for a spouse to be enrolled as secondary coverage.

Spouse's Employer Name _____

Spouse's Employer Address _____

Phone _____

I certify and confirm that this is a true statement by my signature below.

Diocesan Employee Name (please print) _____

Diocesan Employee Signature _____

Date _____

Spouse is not employed

The following categories require Notary Witness:

Spouse is retired

NOTE: The employee is responsible for notifying the individual responsible for payroll at his/her location for any changes that occur during the year in regards to his/her spouse's employment or benefit status before any change will be made to this Program.

Witness by Notary,

STATE OF _____ COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____

who executed the above Spousal Employment Statement as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal

this day of _____, 20_____.

(SEAL)

Notary Public

My Commission Expires

PLEASE SCAN and EMAIL to:

Catholic Diocese of Columbus

Attention: Insurance Office

197 East Gay Street

Columbus, OH 43215-3766

tdepassio@columbuscatholic.org

If we do not receive this correctly completed form from you,
you will be charged a spousal premium.