



Manatts, Inc.
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Employee's Health Insurance Verification Thru Spouse's Employer

Effective Date ____/____/____

Employee Number _____

1 Employee Information

Social Security Number	E-Mail Address	Home Phone Number
Employee Name (First Name, Middle Initial, Last Name)		Cell Phone Number
Employee Address (Street, Apt. #)		
Employee Address (City, State, Zip Code)		
Employer Name Manatts, Inc.		

2 Verification of Other Medical Coverage

Spouse's Name _____	<p>I, therefore, decline coverage under the Manatt Group Health Plan and waive all claims to health insurance.</p> <p>I understand I am eligible for health insurance provided under the Manatt Group Health Plan. The health insurance and the premium I would have to pay to be covered have been explained to me in detail.</p> <p>I further understand if I choose to enroll for health insurance at a later date, I (and/or my dependents) will be subject to guidelines within the Manatt Group Health Plan SPD.</p>
<input type="checkbox"/> I certify I am covered under my spouse's health insurance plan thru:	
Spouse's Employer _____	
Address _____	
Insurance Carrier _____	
Group ID # _____	

3 Signature & Acknowledgement

I understand that I must submit this completed verification form along with a copy of my marriage certificate in order to participate in this benefit. (If your marriage certificate has previously been submitted, no additional documentation besides this form is necessary.)

Employee Signature _____ Date _____

Spouse Signature _____ Date _____