MOUNT VERNON NAZARENE UNIVERSITY
Life Changing

In order to determine whether your spouse can be covered as a dependent under the Mount Vernon Nazarene University Medical Plan effective January 1, 2015, please provide answers to the following questions:

Section 1 – Member information – to be completed by employee and spouse

Employee's name: _____ Social Security Number: _____

Spouse's name: _____ Social Security Number: _____

Is Spouse Employed? YES _____ Member and spouse to sign below and continue on to section 2.
NO _____ Member to sign below and return form.

Member's Certification: **If my spouse's employment status changes in the future, I understand that I am responsible for requesting and completing a new enrollment form and questionnaire for health coverage within 31 days of the employment status change. In addition, by my spouse's signature below, authorization is given to his/her employer to release the required dependent information indicated in Section 2 of this form. I understand that failure to notify MVNU of my spouse's employment change or falsifying his/her employment status is fraud and could result in financial penalty, loss of coverage and/or possible termination of employment.**

Employee's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Section 2 – Information on Spouse's Plan (to be completed by spouse's employer)

Your employee's name: _____

Is employee eligible for your employer sponsored group health insurance plan?
YES_____
NO_____ REASON: _____

Does employee work 30 or more hours per week on a regular basis? YES _____ NO _____
Is employee currently enrolled in your plan? YES _____ NO _____

Is the employee contribution for single medical coverage less than $130 per month? Yes ____
No _____

Employer Name: _____ Insurance Carrier Name: _____

Address: _____ Address: _____

_____ _____

Telephone: _____ Policy Number: _____

Group Number: _____

Completed By: _____ Date: _____

If this form is not received by the Human Resource Department at Mount Vernon Nazarene University by December 19, 2014, your spouse will be terminated from the MVNU Group Medical Plan effective January 1, 2015.