

EMPLOYER VERIFICATION OF HEALTH INSURANCE INSTRUCTIONS

- This form will be scanned, please write clearly.
- Use blue or black ink.
- Write all dates in the mm/dd/yy format. For example, 07/01/04.
- Indicate your answers by shading in the appropriate circles completely.
- Do not write additional comments on the form. If more space is needed, use an additional sheet of paper. If you do use an additional sheet of paper for comments, you must sign and date the additional comments.
- Return this form to the employee so s/he has time to return it to the address on the form no later than the date indicated.