



Affidavit of Health Care Coverage for Spouse

Name of Faculty/Staff Member: _____ Name of Spouse: _____

SECTION I: Spouse Employment Information

- Is your spouse currently employed? Yes (continue to Section II)
- Self-employed (continue to Section III)
- Not employed / Retired (continue to Section III)

If your spouse is offered coverage through his/her employer, your spouse is not eligible for coverage with Wittenberg University.

SECTION II: Employer Certification of Spouse's Health Benefit Coverage

NOTE: This section must be completed in full by your spouse's employer.

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|---|-----|----|
| 1. Is the spouse named above eligible for health benefits through your company? | Yes | No |
| 2. If so, is the spouse enrolled in health care coverage? | Yes | No |

Name of employer: _____

Address of employer: _____

Name of Representative (Printed): _____ Phone: _____

Signature of Representative: _____

Title: _____ Date: _____

Section III: Acknowledgement – must be signed by above-named faculty or staff member

I certify under penalty of perjury, that the foregoing is true, correct and current. I understand as a faculty or staff member that falsification of information on this Affidavit may lead to disciplinary action, up to and including termination of employment.

Faculty or Staff Member Signature

Date