



Dependent Spouse Affidavit

Employee Enrollment Information		
Name:		Social Security No.:
Address:		Home Phone:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Date of Hire:
Spouse Verification – Please complete this form on your spouse if enrolled in the health plan		
Spouse's Name:		Soc. Sec. No.:
Are You Currently Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach a copy of page one of your most recent federal or state tax return that shows you are married. If you married recently and have not yet filed a tax return as a married person, you may provide a copy of your marriage certificate.		
<i>Financial information and complete Social Security numbers are not required to verify dependents. All financial information and the first five digits of any Social Security number on submitted documents may be blacked out.</i>		
Employee Signature		
I certify that the information on this form is true. If it is determined later that I provided false information, I understand that I may be held financially responsible to repay all claim payments made on behalf of the ineligible dependent. If it is determined that you knowingly provided false information, I understand that Calhoun County may, at its discretion, take other disciplinary measures up to and including termination of employment.		
Signature:		Date: