

SPOUSE EMPLOYMENT VERIFICATION AFFIDAVIT

IREDELL COUNTY GOVERNMENT

TO BE COMPLETED BY IREDELL COUNTY GOVERNMENT EMPLOYEE (Please Print)

Iredell County Government Employee Name: _____

Spouse's Name: _____

TO BE COMPLETED BY SPOUSE'S EMPLOYER (Please Print)

This certifies that the person listed above as spouse is

____ Employed with another company and health insurance is available to this employees.

____ Spouse is employed with another company and health insurance is NOT available to this employee.

____ Spouse is SELF-EMPLOYED or a SOLE PROPRIETOR, who pays Self-Employment Tax.

____ Spouse is not employed

Please affix **your business card** over the information shown below. If no business card is available, please **print** your information in the space provided.

Print Name: _____

Title: _____

Company: _____

Company Street Address: _____

City, State, Zip Code: _____

Area Code and Phone: _____

TO BE SIGNED BY ALL PARTIES

We affirm that the information provided in this affidavit is correct and current as of the date(s) shown below. We understand that this information affects eligibility for health insurance coverage. I also understand that failure to comply with eligibility spouse policy may result in disciplinary action up to and including termination as well as reimbursement to the County for all paid claims.

Iredell County Gov. Employee's Signature: _____ Date: _____

Iredell County Gov. Employee's Spouse's Signature: _____ Date: _____

Spouse's Employer's Signature: _____ Date: _____

This Affidavit, completed and signed by all parties, should be returned to Latoya Peterson in Human Resources by Friday, May 31, 2019.