



SPOUSE EMPLOYMENT VERIFICATION AFFIDAVIT

TO BE COMPLETED BY IREDELL COUNTY EMPLOYEE (Please Print)

Employee Name: _____

Spouse Name: _____

TO BE COMPLETED BY SPOUSE OF THE IREDELL COUNTY EMPLOYEE (Please Print)

This certifies that the person listed above as the Iredell County’s Employee’s Spouse is ...

_____ Employed with another Company and health insurance **IS** available.

_____ Employed with another company and health insurance is **NOT** available.

_____ SELF-EMPLOYED or a SOLE PROPRIETOR, who pays Self-Employment Tax.

_____ **NOT** employed.

Please affix a business card from the “Spouse’s Employer” 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/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 of the Spouse Policy may result in disciplinary action up to and including termination as well as reimbursement to the County for all paid claims.

Employee’s Signature: _____ Date: _____

Employee’s Spouse Signature: _____ Date: _____

Spouse Employer’s Signature: _____ Date: _____