

ACCB Alaska Conference of Catholic Bishops – Insurance Division

Spouse Eligibility Affidavit

(check & complete one of the options)

- My spouse is not currently employed and is eligible for this plan.
If my spouse's employment status changes and he/she becomes eligible for insurance at his/her place of employment, I will notify the benefits person of his/her status change.

- My spouse is employed by _____ but is not eligible for their medical coverage or they do not offer medical coverage.

- My spouse is employed by _____ and will be covered on their insurance plan.

Signature of Employee _____ Date _____

Employee's Printed Name _____

Signature of ACCB Benefits Representative _____ Date _____

Printed Name of ACCB Benefits Representative _____