

# Eligibility Verification Form

In order to provide the best possible service please complete all information in detail.

\*This form is to be completed by the EMPLOYER.

## Section A.

Employee Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_ Employee Date of Hire: \_\_\_\_\_

Original Date of Insurance: \_\_\_\_\_ Work Status: \_\_\_\_\_

## Section B.

Please provide the last day the employee was actively-at-work (AAW) on a regular basis as defined by the Plan: \_\_\_\_\_

Return to work date: \_\_\_\_\_

## Section C.

Has employment been terminated?  Yes\*  No \*If Yes, please give date and reason:

Is COBRA applicable?  Yes\*  No \*If Yes, please provide effective date: \_\_\_\_\_

(\*If yes, please attach the election form and supporting documentation of paid premiums. Verification of other insurance may be needed for COBRA recipients.)

## Section D.

Please indicate any dates the employee was absent during this claim period.

Specify the dates for each absence and how eligibility was maintained:

	From	To	Total Time Used
Sick Leave Used:			
Vacation Time Used:			
FMLA:			
Other:			

IF the leave/absence was intermittent, please provide all start and end dates.

Please attach any and all documentation (e.g. time sheets).

Start date:	End date:
Start date:	End date:
Start date:	End date:

## Section E.

If the employee had no absences during the reported claim period, please check here:

## Section F.

I confirm that to the best of my knowledge the above information is accurate and current.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Group: \_\_\_\_\_ Date: \_\_\_\_\_

**Fraud Compliance Notice:** "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."

"California Residents: for your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison." Per California Insurance Code Section 1871.2