

# 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." Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. \*\*\*NOTICE – See State-Specific Fraud Notices included.\*\*\*

**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 If you are a California resident, you have certain rights under California privacy laws regarding your personal information. To view your rights, please review our California Privacy Notice and Notice at Collection located at [www.fslins.com](http://www.fslins.com)

## FRAUD WARNING NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:

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### GENERAL FRAUD NOTICE: NOTE TO ALL PARTIES COMPLETING THIS FORM:

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### CALIFORNIA FRAUD NOTICE:

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.

**STATE FRAUD NOTICE: For the states of AL, AZ, AR, CO, DE, DC, FL, GA, IN, KS, KY, LA, MD, ME, NC, NE, NH, NJ, NM, OK, OR, PA, RI, TN, TX, VA, VT, WA and WV, please refer to the following fraud notices:**

|   |  |
|---|--|
| <b>Alabama</b>  | Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.   |
| <b>Arizona</b>  | For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.  |
| <b>Arkansas, Louisiana, Rhode Island, West Virginia</b> | Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.   |
| <b>Colorado</b>   | It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. |
| <b>Delaware</b>   | Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.  |
| <b>District of Columbia</b>                             | WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.  |
| <b>Florida</b>  | Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.  |
| <b>Georgia, Oregon, Vermont</b>                         | Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.   |
| <b>Indiana</b>  | A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.  |
| <b>Kansas</b>   | Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.  |
| <b>Kentucky</b>   | Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.  |
| <b>Maryland</b>   | Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.   |

**FRAUD WARNING NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:**

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| <b>STATE FRAUD NOTICE (CONTINUED):</b> |  |
|--|--|
| <b>Maine, Tennessee, Washington</b>    | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.   |
| <b>Nebraska</b>                        | Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false, incomplete or misleading information is guilty of insurance fraud.  |
| <b>New Hampshire</b>                   | 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.   |
| <b>New Jersey</b>                      | Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.   |
| <b>New Mexico</b>                      | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.  |
| <b>North Carolina</b>                  | Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.   |
| <b>Oklahoma</b>                        | WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  |
| <b>Pennsylvania</b>                    | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. |
| <b>Texas</b>                           | Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.  |
| <b>Virginia</b>                        | Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.   |