

Health Insurance Attestation Form
(self-employed spouse or unemployed spouse)

I _____ attest that _____, is my
(employee name) *(spouse name)*
legally married spouse and is currently not eligible for any other employer sponsored health insurance benefits. Should he/she become eligible for health insurance coverage at a later date he/she agrees to apply and accept such coverage.

I hereby certify that all answers and statements on this document are true and complete. I understand that any misrepresentation or omission of facts on this attestation may be cause for immediate dismissal. I hereby authorize University Health Associates to request and obtain insurance verification and information from parties outside of UHA and I release such individuals and places of business from any liability for providing such information to UHA.

Employee Signature

Date