

Central Illinois Educators Benefit Plan

Spouse Health Insurance Verification

Is your spouse employed outside of Morton 709?

YES: This section is completed by the spouse's employer.

Employer: _____

Employee: _____ (Spouse of Morton 709 employee)

Employer's Address: _____

Employer's Phone: _____

Is the above named employee currently eligible for enrollment in your employer group health insurance program?

Yes

No

Spouse's Employer Supervisor Signature

Date

Then, sign the bottom of the form and return.

No: This section pertains to non-employed spouses, self-employed spouses, and spouses employed by Morton CUSD 709 and is completed by the Morton CUSD 709 employee.

My spouse: _____

Spouse's Name

Is not employed

Is self-employed

Is employed by Morton CUSD 709

I affirm that all of the above information is correct.

Morton CUSD 709 Employee's Signature

Date