



**Insurance Partnership**

---

## **INSURANCE PARTNERSHIP SUPPLEMENTAL AFFIDAVIT**

---

### **Insurance Partnership Employee**

Name	SSN
------	-----

Please check off appropriate box and sign.

- This is the first time I have been offered health insurance by my current employer within the last six months.
- My current employer offered health insurance within the last six months, but I did not take the coverage.

I certify under the penalty of perjury that the above statement is correct and complete to the best of my knowledge.

Signature Insurance Partnership Employee	Date
--	------

---

### **Spouse of Insurance Partnership Employee**

Name	SSN
------	-----

Please check off appropriate box and sign.

- I am not working.
- My current employer did not offer health insurance within the last six months that would cover my family.
- My current employer offered health insurance within the last six months that would cover my family, but I did not take the coverage.

I certify under the penalty of perjury that the above statement is correct and complete to the best of my knowledge.

Signature of Spouse of Insurance Partnership Employee	Date
---	------

---

### **For Office Use Only**

**EHI**

Meets CO (  Y or  N )