



Ministries

MEDICAL/PRESCRIPTION DRUG (Rx) INSURANCE ELIGIBILITY SPOUSAL VERIFICATION FORM – 2025 Plan Year Annual Update

Phoebe Ministries Employee _____ Facility _____ (LAST, FIRST, M.I.) Please PRINT NAME

SECTION I

To Be Completed by Phoebe Ministries Employee & Spouse
I, _____ (PRINTED Employee Name), certify that my spouse, _____ (PRINTED Spouse Name), is: (CHECK ONE)
a. ___Employed (If checked, SECTION II must also be completed by Spouse’s Employer)
b. ___Currently unemployed c. ___Retired d. ___Self-employed with no benefits
I certify that the information on this form is true and correct. I agree that, in the event my spouse becomes employed or health benefits-eligible, I will advise Phoebe Ministries within thirty (30) days of the change. Further, I am aware that Phoebe Ministries deems that falsification of information on this document or failure to advise of spousal employment constitutes insurance fraud, which may lead to disciplinary action up to and including termination of employment.
Signature of Employee Date
Signature of Employee’s Spouse Date

SECTION II

To Be Completed by Spouse’s Employer, if employed
Company Name (PRINT)
Company Address
1 _____ is eligible for medical insurance with our co. effective _____ (Name)
Comment _____
2 _____ is NOT ELIGIBLE for medical insurance with our company (Name)
because _____
Print Name/Title e-mail
Signature of HR Benefits Representative Date Telephone Number

Please return completed Form By December 14 2024 to:

Phoebe Ministries
ATTN: Human Resources Dept.
1925 Turner Street
Allentown, PA 18104 FAX (610)794-5420
e-mail benefits@phoebe.org

For Effective Date 01-01-2025

Questions may be directed to: (610)794-5176
POLICY/INSTRUCTIONS ON REVERSE

**MEDICAL/PRESCRIPTION DRUG (Rx) INSURANCE ELIGIBILITY
SPOUSAL VERIFICATION FORM – 2024 Plan Year Annual Update**

POLICY/INSTRUCTIONS

An employee's spouse is not eligible for medical/Rx coverage with PHOEBE MINISTRIES if he/she is employed by a company who offers medical plan benefits. If a PHOEBE MINISTRIES employee's spouse has employer-sponsored health coverage available to him/her through their employer, the spouse must enroll in that employer's medical insurance coverage.

If your spouse is not eligible for another employer's medical plan, you must return this form before he/she can elect to be covered under the PHOEBE MINISTRIES medical/Rx plan.

If the form is not returned, an enrolled spouse will automatically be removed from employee's PHOEBE MINISTRIES medical/Rx plan.

Spouses can continue to elect coverage under the PHOEBE MINISTRIES dental & vision plans.

In the event a spouse later becomes employed or health benefits-eligible with an employer, employee must advise PHOEBE MINISTRIES with thirty (30) days of this change & provide appropriate documentation.

This form will be an annual requirement during every subsequent Open Enrollment period.

THE FORM IS DUE BY December 14,2024

1. **IF SPOUSE IS NOT EMPLOYED, RETIRED, or SELF-EMPLOYED** with no health benefits:

If you wish to newly add your spouse on PHOEBE MINISTRIES' medical/Rx plan, you and your spouse must complete the certification contained in SECTION I (see reverse side of this Form).

2. **IF SPOUSE IS EMPLOYED** (with no health benefits or limited benefits):

If you'd like to include your spouse on PHOEBE MINISTRIES' medical/Rx plan, you must have SECTION II # 1 or # 2 (see reverse side of this Form) completed by a Human Resources Benefits Representative of your spouse's employer. Upon completion, the HR Representative should forward the Form to PHOEBE MINISTRIES' Human Resources Department. The information supplied will determine whether your spouse is eligible for medical/Rx coverage with PHOEBE MINISTRIES.

NOTE TO NEW ENROLLEES:

Proof of marital status (copy of marriage license/certificate) is required.

SEE REVERSE SIDE – SIGNATURE(s) NEEDED