



Dependent Insurance Inquiry Form

Please complete this form if electing medical coverage for a spouse or domestic partner

TCH Employee Name: _____ TCH Employee ID: _____

Dependent Name: _____

TO BE COMPLETED BY THE ABOVE LISTED DEPENDENT:

I authorize my employer to release this information on my behalf.

Signature of dependent: _____ Date: ___/___/___

TO BE COMPLETED BY THE ABOVE LISTED DEPENDENT'S EMPLOYER:

Dear Employer,

Your cooperation is required to assist in the review of your employee's access to insurance coverage.

Please check ONE appropriate answer:

- We offer group medical coverage and this employee is enrolled.
 - We do not offer group medical coverage to our employees.
 - We offer group medical coverage and this employee was eligible but did not enroll.
 - We offer group medical coverage, but this is a new employee who will be eligible on ___/___/___
 - We offer group medical coverage, but this employee is part-time and is not eligible.
 - We offer group medical coverage, but this employee is not eligible because (please explain):
-

My signature is confirmation that the group benefit plan information I have provided above is true and accurate.

Signature of employer representative: _____ Date: ___/___/___

Print representative name: _____ Title: _____

Print employer name: _____ Business Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

If your Dependent is self-employed or unemployed, please fill out the section below.

OTHER: (Please select an appropriate answer)

- Self-employed
 - Unemployed
 - Retired
-

TO BE COMPLETED BY THE ABOVE LISTED TCH EMPLOYEE:

My signature is confirmation that the information provided for my dependent above is true and accurate.

Signature of employee: _____ Date: ___/___/___

Once complete, please return to The Christ Hospital, Total Value Team, via one method below:

Scan or Photo E-mail (preferred): totalvalue@thechristhospital.com

Fax: 513-263-1581

Mail: The Christ Hospital
Human Resources - Dependent Verification
2139 Auburn Avenue, Cincinnati, OH 45219