



WORKING SPOUSE EMPLOYER VERIFICATION

Based on your response from your Working Spouse form, an employer verification is required. Please have the form below completed but your employer and send back to the Benefits Office. You may submit this form via email: info@ewbtf.org

or mail to:

1828 N. Meridian Street, Suite 103 Indianapolis, IN 46202

Employee Section	
Employee's Name:	
Social Security Number:	
Date of Birth:	
Address:	
City, State Zip:	
Phone Number:	
Email Address:	

Employer Section		
Employer Name:		
Employer Representative's Name:		
Title:		
Phone Number:		
Email:		
Do you offer employee only medical only insurance?	Yes	No
Does this insurance cost the employee more than \$125.00 per month?	Yes	No
Signature of Representative:	Date:	