

**Instructions to Complete the
City of Memphis
Insurance Affidavit**

1. Print name at the top of the Affidavit.

2. Check appropriate boxes.

Yes No

 Insurance and beneficiary forms bear my signature.

 I am attempting to add or extend coverage under my healthcare plan with the City of Memphis to a dependent under the age of 26 that has no other accessibility and is currently not insured under another health plan.

 Tobacco products are used by me or my covered family members.

 Does your Spouse work?

 Other than Medicare, does your Spouse have accessibility to any other health plan?

3. If applicable, enter Spouse's and/or Eligible Dependent's employer name, address, and telephone number.

4. Enter social security number in the designated space.

5. Sign the Affidavit, have notarized and mail to".

City of Memphis

Division of Human Resources

Health, Wellness and Benefits

125 N. Main Street, Room 438

Memphis, Tennessee 38103-2017

Fax: 901.636.6478

6. Call 901.636.6428 if you have questions.

CITY OF MEMPHIS INSURANCE AFFIDAVIT

I, _____, after being duly sworn according to law, do hereby affirm that I am over the age of 18 years old and I am a competent person.

I hereby affirm that the forgoing statements are true under the penalties of perjury. If I am found guilty of perjury, I will be held liable and made to repay all claims and related costs.

Yes No

Do Insurance and beneficiary forms bear my signature?

- Are you attempting to add or extend coverage under my healthcare plan with the City of Memphis to a dependent under the age of 26 that has no other accessibility and is currently not insured under another health plan?
- Are Tobacco products being used by me or any covered family members.
- Does your Spouse work?
- Do you have any other health plan other than Medicare, does your Spouse have Accessibility to any plan other than Medicare?

Please list your covered child’s name and child’s employer(s) including address and telephone, if applicable:

Please provide your spouse’s employer(s), including address and telephone number:

FURTHER AFFIANT SAYETH NOT.

Social Security Number

Employee/Retiree Signature

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 201____.

Notary Public

My commission expires: _____