

Arkansas-Louisiana Conference Medical Coverage Information Sheet - 2017

If you have an employed spouse and desire eligibility, we need a spouse employer verification letter, which must include the following information:

- A. Employer's Name
- B. Status: Full-time or Part-time
- C. If healthcare insurance is available to your spouse
- D. Cost per month (employee portion)
- E. 2016 Tax Form 1040, Spouse's W2 forms and 1099 forms
- F. If receiving or eligible to receive military healthcare insurance, social security or any other type of health insurance

If your spouse is self-employed and eligible to be in our health care plan, you will have to provide a full 2016 Tax Form 1040 including Schedule SE and the supporting documentation if any. (W2 forms and 1099 forms)

PERSON	LAST NAME	FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Employee				
Spouse				

Eligible Dependents (only qualifying)

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER	ATTENDING SCHOOL AT:

Please circle the LETTER for the PLAN which best fits you

PLAN	PLAN DESCRIPTION	PLAN COVERS	FORMS YOU NEED TO SEND TO US	ELIGIBLE FOR HEALTHCARE INSURANCE		
				EMPLOYEE	SPOUSE	DEPENDENT
A	Employee is the only one on the Plan	Employee only	None	Yes	No	No
B	Spouse is unemployed	Employee, Spouse & Dependents	2016 Tax Form 1040	Yes	Yes	Yes
C	Spouse earns less than \$31,000 and has no coverage available through employer	Employee, Spouse & Dependents	2016 Tax Form 1040 Spouse's W2 & 1099 Forms and Letter	Yes	Yes	Yes
D	Spouse earns more than \$31,000 and employee's birthday comes earlier in the year than the spouse's birthday (See * below)	Employee and Dependents	None	Yes	No	Conf. Primary, Souise Ins. Secondary
E	Spouse makes more than \$31,000 and spouse's birthday comes earlier in the year than the employee's birthday (See * below)	Employee Only	None	Yes	No	Conf. Primary, Souise Ins. Secondary
F	Employee requests no coverage through the Plan	No one is covered	None	No	No	No
G	Employee and spouse are both ARKLA employees	Employee, Spouse & Dependents	None	Yes	Yes	Yes

* The age of either does not matter, what matters is which birthday comes first in the year.

Please Sign Here: _____

Please return this form (with required attachments) to the ARKLA Conference no later than December 15, 2017.
If we do receive this information by the due date, we will assume that you are the only one on the plan.