



**SPOUSE EMPLOYMENT VERIFICATION AFFIDAVIT**

**TO BE COMPLETED BY IREDELL COUNTY EMPLOYEE (Please Print)**

Employee Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

**TO BE COMPLETED BY SPOUSE OF THE IREDELL COUNTY EMPLOYEE (Please Print)**

This certifies that the person listed above as the Iredell County’s Employee’s Spouse is ...

\_\_\_\_\_ Employed with another Company and health insurance **IS** available.

\_\_\_\_\_ Employed with another company and health insurance is **NOT** available.

\_\_\_\_\_ SELF-EMPLOYED or a SOLE PROPRIETOR, who pays Self-Employment Tax.

\_\_\_\_\_ **NOT** employed.

Please affix a business card from the “Spouse’s Employer” over the information shown below. If no business card is available, please print your information in the space provided.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Area Code and Phone: \_\_\_\_\_

**TO BE SIGNED BY ALL PARTIES**

We affirm that the information provided in this Affidavit is correct/current as of the date(s) shown below. We understand that this information affects eligibility for health insurance coverage. I also understand that failure to comply with eligibility of the Spouse Policy may result in disciplinary action up to and including termination as well as reimbursement to the County for all paid claims.

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee’s Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Employer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_