



**Verification of Offer of
Employer Sponsored Health Insurance**

Date	Retiree's Name	Dependent's Name
Name of Health Plan State of Vermont	Health plan Code 3145640	ID Number
Dependent's Date of Birth		

Please complete, sign and date this Affidavit and return to:

State of Vermont
Attn: Retirement Division
109 State Street
Montpelier, VT 05609-6901

Dependent Health Insurance Affidavit

I hereby certify that _____
(Dependent Name) (CIGNA ID Number)

is employed by _____ and
(Name of Dependent's Employer)

does **does not** have the offer of health insurance through his/her employer.

I hereby certify that the information provided above is true and complete and that my identified dependent meets my plan's requirements for dependent coverage. I authorize the State Employees' Health Plan, or its designee, to confirm the information I provided with my dependent's employer. I further authorize the above-described employer to release information to the State Employees' Health Plan, or its designee, to verify my dependent's health insurance coverage availability and to determine his/her eligibility for coverage. If I misrepresent or provide false or incomplete information, the membership of my dependent(s) may be terminated (including retroactively) at the discretion of my employer.

I understand that this affidavit must be signed by me--the employee--and received by CIGNA HealthCare on behalf of the State Employees' Health Plan before coverage can become effective or continue for my dependent. I also understand that if, at any time in the future, my dependent no longer meets the definition of an eligible dependent under the Patient Protection and Affordable Care and Reconciliation Acts (H.R. 3590, H.R. 4872), I must immediately notify The State of Vermont's Employee Benefits Unit of any disqualifying change.

Employee Information

Employee Signature: _____ Date ____/____/____

Print Name: _____ Phone Number: _____

If you have any questions or need further assistance, please contact, Anne Carver at the Employee Benefits Unit, 802-828-0648 or anne.carver@state.vt.us.

NOTICE: Please be advised that falsifying this document could constitute a crime, and/or employee misconduct.