

IMPORTANT NOTICE REGARDING YOUR MEDICAL INSURANCE

Effective 04/01/2015, if your spouse/domestic partner is eligible for medical insurance through his or her employer, your spouse/domestic partner is not eligible for the Tusculum College medical plans. It is your responsibility to keep us informed of spousal employment or benefit changes.

Employee Name:			
Spouse/Domestic Partner Na	ame:		
ls your spouse/domestic par	tner currently employed?	Yes	No
Spouse /Domestic Partner's	Employer:		
Employer Phone Number:			
Does the Spouse/Domestic I	Partner's Employer provide me	dical insurance f Yes	or its employees? No
Does the employee meet the	e eligibility requirements?	Yes	No
	domestic partner not eligible?		
	not apply to Dental, Vision		
I certify that the answers pro	ovided on this form are true an	dicarrect Ainei	rson may be committing
-	omits this form containing a fals	•	,
Signature:		Date:	
Please return this form to:	Tusculum College Human Resources		

P.O. Box 5093 Greeneville, TN 37743 or email to tcbenefits@tusculum.edu