



IMPORTANT NOTICE REGARDING YOUR MEDICAL INSURANCE

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

Employee Name: _____

Spouse Name: _____

Is your spouse employed? Yes No

Spouse's Employer: _____

Employer Phone Number: _____

Does the Spouse's Employer provide medical insurance for its employees? Yes No

Does the employee meet the eligibility requirements? Yes No

If no, why is spouse not eligible? _____

****Note: This change does not apply to Dental, Vision, Supplemental Life Insurance, Flex Spending, or Aflac.**

I certify that the answers provided on this form are true and correct. A person may be committing insurance fraud if he/she submits this form containing a false or deceptive statement.

Signature: _____

Date: _____

Please return this form to:

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