

Verification of Income and Health Insurance

- Complete one form for **each** job for **every** adult in the household.
- Complete the top portion and give the form to your employer.
- Attach copies of the paystubs for the previous month's income.

{Attach address label here if available}

Employee Name: _____ Employee Social Security Number: _____

Employee Work Phone: _____ Employee Home Phone: _____

***** *Employer Only Write Below this Line* *****

A **supervisor** or a **human resource department representative**, who is authorized to release income and insurance information, must complete this section. Please complete the information below for the above named employee. Please return the completed form to the employee as soon as possible or FAX to 703-653-1359. If you have any questions regarding the completion of this form call 703-324-7315. Thank you in advance for your assistance.

Name of business: _____ Is business a franchise? **{circle one}** Yes No

Form Completed by:

Name of Person Completing Form	Job Title
Signature	Phone Number
	Date

Part I - Income Verification-Please answer all questions below:

A) Date employee was hired: _____ If no longer employed, last date employee worked: _____

B) How often is this employee paid? **{circle one}** *Weekly Bi-weekly Semi-monthly Monthly*

C) Employee is: **{circle one}** *Full-time Part-time* {Please explain: _____}

D) How much is this employee paid per hour? \$ _____ Average number of hours worked weekly: _____

E) Does this employee receive tips? **{circle one}** *Yes No* If **yes**, average tips per week: \$ _____

F) Complete the information below for the last 4 pay periods:

Pay Date: _____	Gross Pay:\$ _____	Net Pay:\$ _____
Pay Date: _____	Gross Pay:\$ _____	Net Pay:\$ _____
Pay Date: _____	Gross Pay:\$ _____	Net Pay:\$ _____
Pay Date: _____	Gross Pay:\$ _____	Net Pay:\$ _____

Part II - Health Insurance Verification- Check {✓} and complete all questions below that apply:

- ____ No health insurance is offered to this employee, or to the family of this employee.
- ____ The Company offers any type of Health Reimbursement/Savings Account or money toward health care.
- ____ This Employee is currently receiving health insurance from the employer.
- ____ Insurance is offered. *Lowest cost individual* is \$ _____ **{circle one}** *per paycheck per month*
- ____ Insurance is offered. *Lowest cost individual plus one* is \$ _____ **{circle one}** *per paycheck per month*
- ____ Insurance is offered. *Lowest cost family* is \$ _____ **{circle one}** *per paycheck per month*
- ____ Open Enrollment Period is on the following date: **Start:** _____ **End:** _____

Please attach printed information regarding the insurance offered to this employee/family if available.