

## Spouse Verification Checklist

Enrollee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### **Required Documentation** (Please check appropriate boxes)

☐ **Marriage certificate**

#### **AND one Proof of Joint Ownership below**

☐ **2008 or 2009 Tax Return** – Federal or State (including Puerto Rico Returns) showing “married filing jointly” OR “married filing separately”. Spouse’s name *must* appear on the tax form on the line provided after the “married filing separately” status (or vice versa). Only submit page 1 of the return. This could include the 1040 form, e-File Confirmation Page, Tax Preparer’s Summary, Federal Return Recap, or Telefile. Mark out all financial information and the first five digits of all Social Security numbers.

☐ **Mortgage Statement**

☐ **Property Tax Document**

☐ **Rental/Lease Agreement**

☐ **Homeowners/Renters Insurance Policy**

☐ **Credit Card Statement**

☐ **Loan Obligation**

☐ **Bank Account Statement**

- **Enrollee must submit BOTH the marriage certificate and ONE proof of joint ownership.** The name of the enrollee and the spouse must be listed on the documentation of joint ownership and must be dated between November 1, 2008 and February 1, 2009.

**As Health Benefits Administrator, I have approved and**

☐ **processed** *OR* ☐ **requested a Correction**

**to reinstate the enrollee’s spouse effective 02/01/09. I have attached the documentation as indicated above.**

**HBA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_