



Spousal Coverage Statement

The Roehl Transport Health Plan contains a working spouse clause. This states that if your lawful spouse is eligible for health insurance coverage at their employer, they must take that coverage in order to receive secondary coverage under the Roehl plan.

Complete SECTION 1 and SECTION 2. Complete SECTION 3 if applicable.

SECTION 1 – To be completed by the employee.

Employee's Name: _____

Employee's Code: _____

SECTION 2 – To be completed by the spouse.

Spouse's Name: _____

Spouse's Social Security Number: _____

Check one box only:

I certify that I am not employed at this time.

I am currently employed and SECTION 3 is completed below.

Signed: _____ Date: _____

SECTION 3 – To be completed by the spouse's employer, if applicable.

Name of Company: _____

We appreciate your assistance in completing the following (check all that apply):

Is eligible for coverage on the Company sponsored medical plan. Is not enrolled.

Is covered under the company sponsored medical plan and effective ___/___/___.

Is not eligible to participate in the company sponsored medical plan.

Reason: _____

No medical coverage is offered by the employer.

Signed: _____ Date: _____

Title: _____ Phone: _____

Please forward to Roehl Transport:

Via mail: P.O. Box 750, Marshfield, WI 54449

Via Fax: (715) 591-1942