



# Spouse Health and Prescription Insurance Card Submission Form

STEP 1 – SHAKER HEIGHTS CITY SCHOOLS EMPLOYEE COMPLETES THIS SECTION	
Your Name (print)	
Your Non-Work Telephone Number	
Name of Spouse	

In order to provide Coordination of Benefits information to the Shaker Heights Health Plan, please submit a clear, legible copy of your spouse’s medical/drug insurance card in the spaces below.

*If prescription drug plan has a separate card, please provide a copy of both medical and prescription drug cards.*

Place front of card here

Place back of card here

What is the effective date of coverage? \_\_\_\_\_

Additional Notes

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### TIPS

- ✓ Make a photocopy of the front and back of the card.
- ✓ Cut out the photocopies, and tape securely to the form in the spaces indicated.

STEP 2 – EMPLOYEE AND SPOUSE SIGN THIS DECLARATION OF ACCURACY		
<i>We certify that the information provided in this document is complete and accurate as of today's date. We understand that any statements made on this form may be confirmed and verified by independent third-party researchers. We understand that the penalties for submitting inaccurate information may include the loss of spouse coverage.</i>		
Signature of Employee	Sign	Date
Signature of Spouse	Sign	Date

**Please return this completed form to Shaker’s Human Resource Department.**