1901 Las Vegas Blvd. So. Suite 107
Las Vegas, Nevada 89104-1309
(702) 733-9938
www.culinaryhealthfund.org

Spouse's Health Insurance Verification
Effective October 1, 2016

August 5, 2016

Dear Culinary Participant:

For your spouse to continue on your Culinary insurance, you **MUST**:

- Fill out the form we have included
- **Sign the form and return it (in the included pre-paid return envelope) by September 30th, 2016**

You need to return this form or your spouse's Culinary insurance will **end October 1, 2016**. If their insurance ends, we will not pay their claims.

Even if your spouse is not working for one of the employers below, you must fill out and return the form.

If your spouse **works** for one of the **employers** below, he/she must sign up for health insurance at their job; then, your spouse can stay on the Culinary insurance after September 30, 2016. The employer **must** allow your spouse to sign-up for their health insurance, even if it is not open enrollment time. Have your spouse follow these steps:

- Give a copy of this letter to their employer
- Sign-up for "single coverage" with the insurance at his/her employer before October 31, 2016
- Complete the **Spouse Health Insurance Verification Form and send it** back to the Culinary Health Fund

Non-Contributing Employer List 2016	
Albertsons	Las Vegas Metropolitan Police
Aliante Casino & Hotel	Palms Casino
Bank of America	Sam's Town Hotel & Casino
California Hotel & Casino	Smiths
CHW (St Rose Sienna, Delima, San Martin)	South Point
City of Henderson	Southwest Airlines
City of Las Vegas	State of Nevada
Clark County Government	Stations Casinos (including Wildfire Casinos, Barleys Casino & Brewing Co., The Greens Gaming & Dining, Gold Rush Casino, Days Inn at Wild Wild West, and Lake Mead Casino)
Clark County School District	Target
Coast Casinos (Gold Coast, Sun Coast, The Orleans)	UHS (not Valley Hospital; only Summerlin, Desert Springs, Spring Valley and Centennial)
Community College of Southern Nevada	UMC of So. Nevada
Eastside Cannery/Cannery/Rampart Casino	UNLV
Hard Rock Hotel & Casino	US Postal Service
HCA (Sunrise, Mountain View & Southern Hills)	Venetian Casino / Palazzo
Home Depot	Wal-Mart / Sams Club
International Game Technology	Wells Fargo Bank

Your children do not have to be on another insurance to be Culinary dependents. This is only for your spouse. If they do have other insurance, we need to know your children's other insurance information.

Let us know if you have any questions or need help. You can call our Customer Service Office at (702) 733-9938.

Sincerely,
Culinary Health Fund

Health Insurance Verification Form

Return before September 30, 2016

NOTE: If you do not return this form, your spouse's Culinary coverage will end and their claims will be denied.

PART A: YOUR INFORMATION

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO.	BIRTHDATE	SEX (M/F)

HOME ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE	MARITAL STATUS	LANGUAGE PREFERENCE	E-MAIL ADDRESS
	☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOW	☐ English ☐ Spanish ☐ Other _____	

PART B: YOUR DEPENDENT SPOUSE INFORMATION. COMPLETE THIS SECTION TO CONTINUE TO COVER YOUR ELIGIBLE SPOUSE.

LAST NAME OF SPOUSE	FIRST NAME OF SPOUSE	M.I.	SOCIAL SECURITY NO.	BIRTHDATE	SEX (M/F)

Is your spouse employed? ☐ **NO** ☐ **YES** – Please complete Section 1 below.

Is your spouse a retiree? ☐ **NO** ☐ **YES** – If YES, is insurance offered through retirement? ☐ **NO** ☐ **YES** complete Section 2a below.

Is your spouse covered by Medicare or Medicaid? ☐ **NO** ☐ **YES** – by ☐ Medicare ☐ Medicaid – If YES, complete Section 2a below.

Section 1. IF YES, please indicate:

1. Employer's Name: _____

2. Is your spouse covered by his/her employer's Health Plan? ☐ **YES** - Please complete Section 2a. ☐ **NO** - Please complete Section 2b.

Section 2. Spouse other insurance information:

2a. If YES, please indicate:

Insurance Name: _____

Address: _____

Phone No: _____

Policy Number: _____ Effective Date: _____

Insurance type: ☐ Single ☐ Family **Coverage Type:** ☐ Medical ☐ Dental

(Check all that apply)

2b. If NO, please provide reason:

☐ Insurance is not offered

☐ Part Time Employee – not eligible for health benefits

☐ Spouse is eligible but not signed up

☐ New employee, will be eligible in _____ (month/year)

PART C: YOUR DEPENDENT CHILDREN INFORMATION. ARE ANY OF YOUR DEPENDENT CHILDREN INSURED UNDER ANY OTHER GROUP MEDICAL OR DENTAL INSURANCE – (INCLUDING STUDENT, ACCIDENT, OR GOVERNMENT PLAN)? IF YES, COMPLETE THE NEXT LINES

Dependent Children (for more children use back of form)	**Coverage offered by** (Name of Non-Culinary Parent)	**Insurance Name and Address**	**Policy Number and Effective Date**	**Type of Coverage (Check all that apply)**
				☐ **Medical** ☐ **Dental**
				☐ **Medical** ☐ **Dental**
				☐ **Medical** ☐ **Dental**
				☐ **Medical** ☐ **Dental**
				☐ **Medical** ☐ **Dental**
				☐ **Medical** ☐ **Dental**
				☐ **Medical** ☐ **Dental**
				☐ **Medical** ☐ **Dental**
				☐ **Medical** ☐ **Dental**

CONSENT INFORMATION

By my signature below, I acknowledge that the Culinary Health Fund and its authorized agents may use and disclose health information for purposes related to evaluating, processing, and reviewing my claims or my dependent's claims, and I consent to the disclosure of information requested by the Culinary Health Fund by any medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policy holder, employer or benefit plan administrator.

This consent will be valid for the entire period of my eligibility and my dependent's eligibility under the Fund's plan of benefits.

I hereby certify that all information provided on this form is accurate and complete to the best of my knowledge.

_____ _____

Culinary Covered Employee Signature **Date**

RETURN FORM TO: CULINARY HEALTH FUND 1901 Las Vegas Blvd., South Suite 107 Las Vegas, NV 89104 – 1309

(702) 733-9938 www.culinaryhealthfund.org

July 2016