

NORTH AMERICA ADMINISTRATORS, L.P. – SPOUSE INFORMATION FORM

This form is to be completed by the Employee. Please provide all information requested. Sign and date where indicated. Return to:

**North America Administrators, L.P.
Eligibility Department
P O Box 1984
Nashville, TN 37202**

**Phone: 615-256-3561
Toll Free: 800-411-3560
Fax: 615-255-6654**

EMPLOYER: _____

Employee: _____ SSN: _____

Spouse's Name: _____ Date of Birth: _____

Spouse's SSN: _____ Sex: _____ Date of Marriage: _____

NOTE: You must provide a copy of the Marriage Certificate.

Is there any other medical coverage currently in force? YES NO

If YES, provide the following information for the other insurance carrier or plan and provide a copy of that insurance card:

Name/Address _____

Policy/Group No. _____ Telephone No. _____

I hereby certify that the above statements are true and complete to the best of my knowledge and I realize that failure to provide accurate information may cause a loss of benefits.

Employee Signature

Date