

# Annual Verification Form



Primary Member Name \_\_\_\_\_ Member ID \_\_\_\_\_

**Response required  
within 30 days.**  
Use black ink only. (Please print)

Please complete **each check box** on this form for **EACH** member of the Pool in your home.

**List other members of the Pool in your home:**

Dependent's Name \_\_\_\_\_ ID Number \_\_\_\_\_  
 Dependent's Name \_\_\_\_\_ ID Number \_\_\_\_\_  
 Dependent's Name \_\_\_\_\_ ID Number \_\_\_\_\_  
 Dependent's Name \_\_\_\_\_ ID Number \_\_\_\_\_

**Failure to return the required information may result in cancellation of your policy.**

Current Physical Address:	Current Mailing Address:

Please provide verification of the physical address for each Pool member over age 18.

**Acceptable documentation includes one of the following:**

- A **current** utility bill with the member's name and service address.
- **Valid** Texas driver's license with the member's name and physical address
- **Valid** Texas voter registration card with the member's name and physical address.
- **If none of these documents are available, please call Customer Service.**

If the Pool member receiving this letter is a **child under the age of 18**, you must include proof of Texas residency for at least one of the **member's parents** with whom the child resides.

Have you or your dependents used \*tobacco products in the last year?  Yes  No

If yes, please provide tobacco user names: \_\_\_\_\_

\*Smoked cigarettes, cigars or a pipe or used chewing tobacco, nicotine chewing gum or snuff

Has your or your dependents' marital status changed in the last year?  Yes  No

**If yes, please provide name, new marital status (divorced, married, widowed) and the date of change:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Texas Health Insurance Pool administered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

OGE 08/2008

**See Other Side for Employment Information**

**Employment information is required for each member  
of the Pool in your home who is age 18 or over.**

Are you  **EMPLOYED**  **SELF-EMPLOYED** OR  
 **UNEMPLOYED/RETIRED** Date \_\_\_\_\_ If less than 12 months, provide:  
 Last employer name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_

Is your spouse  **EMPLOYED**  **SELF-EMPLOYED** OR  
 **UNEMPLOYED/RETIRED** Date \_\_\_\_\_ If less than 12 months, provide:  
 Last employer name: \_\_\_\_\_ Telephone: \_\_\_\_\_

- If the Pool member is a **(child under the age of 25 and single)**, employment information must also be provided for **each parent and step-parent** (as applicable) and the child (if applicable).
- If you are **employed**, you must have your employer and, if you are married, your spouse's employer, complete and sign the enclosed **Employment Verification Form #EVF 08/2008**.
- If you or your spouse is **self-employed**, you or your spouse must answer the following **questions** as related to your business:

	Member	Other
<b>1. How long have you been self-employed?</b>		
<b>2. Do you have any employees?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. If so, how many?</b>		
<b>4. Do you pay or reimburse your employees for health insurance premiums?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you have employees** (other than yourself) and answer **yes** to question 4, you must complete the enclosed **Self-Employment Verification Form #SEVF 08/2008** for your business. If you answer **no** to question 4, **Form #SEVF 08/2008** is not required.

**The signature of the primary member below certifies that the information provided is complete and accurate. I understand that if any of the above information changes, I am required to notify the Pool.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

PO Box 6089, Abilene, TX 79608-6089 • 1-888-398-3927  
 For Hearing and Speech Impaired 1-800-735-2988