



## Spouse Coverage Questionnaire

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Complete this questionnaire if you are covering a spouse on your HEALTH plan

1. Is your spouse employed?  YES  NO

2. Is your spouse employed by an HCA affiliate, Mission Hospital or a participating employer including Angel Medical Center, Asheville Specialty Hospital, Blue Ridge Regional Hospital, CarePartners, Highlands-Cashiers Hospital, Mission Children's Hospital, , Mission Health Community Multispecialty Providers LLC, Healthy State, Mission Employer Solutions, Mission Health Partners, Mission Hospital McDowell, or Transylvania Regional Hospital?  YES  NO

3. Is your spouse eligible for health insurance coverage available through his/her employer?  YES  NO