



**SPOUSE ELIGIBILITY VERIFICATION FORM**

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_  
(Please print)

Dependent Spouse:

- 1) Are you legally married to your spouse?
  - a.  Yes – **Attach copy of required documentation – Copy of Marriage Certificate REQUIRED plus One additional document from the listing “Required Documentation for Dependent Eligibility and Enrollment” posted at the online enrollment site.**
- 2) Are you legally separated?
  - a.  Yes – This dependent may not qualify for coverage. (a spouse who has been legally separated or a divorced former spouse of the employee is not eligible for plan benefits)
  - b.  No

Employee Statement of Attestation: (the Form **MUST** be signed and dated by Employee or will be considered incomplete)  
I attest that my answers on the Spouse Eligibility Verification Form are complete for my spouse, accurate and true to the best of my knowledge. I further attest that I have read the J M Smith Corporation Plan Rules of Eligibility in the Medical/Dental SPD (posted at [www.jmsmithbenefits.com](http://www.jmsmithbenefits.com)) and, to the best of my knowledge, my spouse is eligible to participate in a benefit plan(s) for which he/she is eligible.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Please print)

Please notify Pam Watson, (864) 542-9419, ext. 5483 or toll-free at (800)428-7281, ext. 5416, or email [pwatson@jmsmith.com](mailto:pwatson@jmsmith.com) if you have questions regarding the completion of this form. Return the completed form along with copies of proof of eligibility to the attention of Pam Watson at the Corporate office via interoffice mail or it may be mailed to Smith Drug Company, 9098 Fairforest Road, Spartanburg, SC 29301.