**Haverford College**

**ATTESTATION OF OUTSIDE HEALTHCARE / MEDICAL COVERAGE**

**Employee Information:**

Name

Address

Last 4 digits of Social Security Number

I attest that I am enrolled in, or immediately will enroll in, one of the following types of coverage:

(1) employer-sponsored medical health coverage through the employer of my spouse / partner / parent; (2) individual health insurance coverage enrolled in through the Health Insurance Marketplace (also known as the Health Insurance Exchange); (3) Medicaid; (4) Medicare; (5) TRICARE; (6) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA); or (7) other individual health coverage that provides comprehensive health benefits (for example, health insurance purchased directly from an insurance company or health insurance provided through a student health plan).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please attach a copy of your current healthcare / medical insurance identification card.**

Return your completed forms to:

***Haverford College – Office of Human Resources***

***370 Lancaster Ave.***

***Haverford, PA 19041***