STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-00246 (06/2019)

EVFH

EMPLOYER HEALTH INSURANCE VERIFICATION
INDIVIDUAL FOLLOW-UP HEALTH INSURANCE INFORMATION

Wisconsin Stat. § 49.471(9) requires employers to verify health insurance benefits the employers offer to their employees and employees' families. Failure to respond to the request may result in a financial penalty. The Wisconsin Department of Health Services verifies if BadgerCare Plus applicants or family members have access to employer-sponsored insurance through an Employer Verification of Health Insurance (EVHI) database. This data is collected through an Employer Verification of Health Insurance form (F-10181).

You must return this form even if you answer "No" to any of the questions below. Thank you for your cooperation.

PLEASE RETURN THIS FORM TO:
Department of Health Services
EVHI Unit
PO Box 6530
Madison, WI 53716

Or by fax to 608-222-4523

INDIVIDUAL INFORMATION
Name _____
Date of Birth _____
Request Number _____
(Internal Use Only)

INFORMATION PROVIDED BY:

Name _____ Title _____
Phone _____ Date _____
Company Name _____

Is the individual listed above currently employed by you? ☐ **Yes** ☐ **No**

CURRENT INFORMATION
Does this employee have coverage through your company, or could the employee sign up for coverage within three months?
☐ Yes ☐ No

Family Members Covered	Total Monthly Cost	Employee Share	Company Share
☐Employee Only	$	$	$
☐Employee and Child(ren)	$	$	$
☐Employee and Spouse	$	$	$
☐Employee and Family	$	$	$

PAST INFORMATION
Could this employee have signed for health insurance through this company within the last 12 months?
☐ Yes ☐ No

Family Members Covered	Total Monthly Cost	Employee Share	Company Share
☐Employee Only	$	$	$
☐Employee and Child(ren)	$	$	$
☐Employee and Spouse	$	$	$
☐Employee and Family	$	$	$

List the dates for the most recent enrollment date and plan coverage period for that open enrollment.	
Most recent open enrollment date	Most recent coverage period
List the dates for the prior enrollment date and the plan coverage period for that open enrollment.	
Prior Open Enrollment Date:	Prior Plan Coverage Period

COMMENTS