STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-00246 (07/12)

EVFH

EMPLOYER HEALTH INSURANCE VERIFICATION
INDIVIDUAL FOLLOW UP HEALTH INSURANCE INFORMATION

State Statute sec. 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 3 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