

## 2022 SPOUSE'S EMPLOYER BENEFIT VERIFICATION

This form must be **completed by the employer of the spouse** of the Republic Bank Associate (noted below) and returned to the Republic Bank Associate.

<b>This section to be completed by Spouse's Employer</b>			
Employee (Spouse's)	Last Name	First	MI
Employer Name			Employer Phone Number
Employer Street Address	City	State	Zip
<p><b>1) This is to confirm that our employee (noted above) is:</b> <span style="color: red;">(Check all that apply)</span></p> <p>(a) _____ Is a full-time employee working 30 or more hours per week; or</p> <p>(b) _____ Is not full-time and works less than 30-hours per week.</p> <p style="text-align: center; color: red;">-- AND --</p> <p>(c) _____ Is eligible for employer-sponsored group medical coverage; or</p> <p>(d) _____ Is not eligible for employer-sponsored group Medical Coverage</p>			
<p><b>2) I hereby certify that the information provided above is true and complete to the best of my knowledge.</b></p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center; width: 45%;"> <p>_____</p> <p><b>Print Name of Representative</b></p> </div> <div style="text-align: center; width: 45%;"> <p>_____</p> <p><b>Title</b></p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center; width: 45%;"> <p>_____</p> <p><b>Signature of Representative</b></p> </div> <div style="text-align: center; width: 45%;"> <p>_____</p> <p><b>Date</b></p> </div> </div>			

### **AUTHORIZATION FOR EMPLOYER TO RELEASE INFORMATION**

I hereby authorize my employer to release the above requested information to my spouse's employer, Republic Bank.

Republic Bank Associate's Name \_\_\_\_\_

\_\_\_\_\_  
(Spouse) Print Name    Signature    Date