

## 2023 Spouse Employer Benefit Verification

This form must be **completed by the employer of the spouse** of the Republic Associate (noted below). The Republic Associate is responsible for returning the form to the Republic Human Resources Department.

<b>This section to be completed by Spouse's Employer</b>			
Employee (Spouse's) Last Name	First	MI	Employer Phone Number
Employer Name			
Employer Street Address	City	State	Zip
1) This is to confirm that our employee (noted above) is: <b>(Check all that apply)</b>			
(a) ___ Is a full-time employee working 30 or more hours per week; or			
(b) ___ Is not full-time and works less than 30-hours per week.			
<b>-- AND --</b>			
(c) ___ Is eligible for employer-sponsored group medical coverage; or			
(d) ___ Is not eligible for employer-sponsored group Medical Coverage			
2) I hereby certify that the information provided above is true and complete to the best of my knowledge.			
_____		_____	
Print Name of Human Resources Representative		Title	
_____		_____	
Signature of Human Resources Representative		Date	

### **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's Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date