

| | NAME | DATE OF FULL-TIME EMPLOYMENT | HOURS WORKED PER WEEK | STATUS CODE | APPLYING FOR COVERAGE (YES) DECLINING COVERAGE (NO) ATTACH APPLICATION |
|----|------|------------------------------|-----------------------|-------------|--|
| 1 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If additional space is needed, please use another Supplemental Employment Verification form. All forms used must be signed and dated.

I hereby certify that I have read this document and that the information provided is accurate and complete. I also certify that the information provided here can be substantiated by business records maintained by me. Upon request, I agree to provide the documentation requested by BCBSNM verifying participation and eligibility requirements. I understand that providing incomplete, inaccurate or untimely information may void, reduce or terminate the group's coverage.

Signature of Authorized Company Official

Title

Date

Print Name of Authorized Company Official

Signature of Broker

BCBSNM reserves the right to request documents verifying the above information. In addition, it reserves the right to re-verify employment information at any time during the course of your contract with BCBSNM.