



Annual Verification Form

Primary Member Name _____ Member ID _____

**Response required
within 30 days.
Use black ink only. (Please print)**

Please complete **each check box** on this form for **EACH** member of the Pool in your home.

List other members of the Pool in your home:

Dependent's Name _____ ID Number _____
Dependent's Name _____ ID Number _____
Dependent's Name _____ ID Number _____
Dependent's Name _____ ID Number _____

Failure to return the required information may result in cancellation of your policy.

Current Physical Address:	Current Mailing Address:

Please provide verification of the physical address for each Pool member over age 18.

Acceptable documentation includes one of the following:

- A **current** utility bill with the member's name and service address.
- **Valid** Texas driver's license with the member's name and physical address
- **Valid** Texas voter registration card with the member's name and physical address.
- **If none of these documents are available, please call Customer Service.**

If the Pool member receiving this letter is a **child under the age of 18**, you must include proof of Texas residency for at least one of the **member's parents** with whom the child resides.

Have you or your dependents used *tobacco products in the last year? Yes No

If yes, please provide tobacco user names: _____

*Smoked cigarettes, cigars or a pipe or used chewing tobacco, nicotine chewing gum or snuff

Has your or your dependents' marital status changed in the last year? Yes No

If yes, please provide name, new marital status (divorced, married, widowed) and the date of change: _____

Signature _____ Date _____

See Other Side for Employment Information

**Employment information is required for each member
of the Pool in your home who is age 18 or over.**

Are you **EMPLOYED** **SELF-EMPLOYED** OR
 UNEMPLOYED/RETIRED Date _____ If less than 12 months, provide:
 Last employer name: _____ Telephone: _____ - _____

Is your spouse **EMPLOYED** **SELF-EMPLOYED** OR
 UNEMPLOYED/RETIRED Date _____ If less than 12 months, provide:
 Last employer name: _____ Telephone: _____

- If the Pool member is a **(child under the age of 25 and single)**, employment information must also be provided for **each parent and step-parent** (as applicable) and the child (if applicable).
- If you are **employed**, you must have your employer and, if you are married, your spouse's employer, complete and sign the enclosed **Employment Verification Form #EVF 08/2008**.
- If you or your spouse is **self-employed**, you or your spouse must answer the following **questions** as related to your business:

	Member	Other
1. How long have you been self-employed?		
2. Do you have any employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If so, how many?		
4. Do you pay or reimburse your employees for health insurance premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have employees (other than yourself) and answer **yes** to question 4, you must complete the enclosed **Self-Employment Verification Form #SEVF 08/2008** for your business. If you answer **no** to question 4, **Form #SEVF 08/2008** is not required.

The signature of the primary member below certifies that the information provided is complete and accurate. I understand that if any of the above information changes, I am required to notify the Pool.

Signature _____ **Date** _____

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