



# EMPLOYMENT INCOME VERIFICATION

The sole purpose of this information is to determine eligibility for insurance



**(TO BE COMPLETED BY EMPLOYER)**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

**SHOW GROSS EARNINGS RECEIVED FOR THE PAST MONTH OR MOST RECENT FOUR WEEK PERIOD**

**If no earnings were received during this period, please show date last employed**

How Often Does Employee Get Paid? Weekly \_\_\_\_\_ Every Other Week \_\_\_\_\_ Twice a Month \_\_\_\_\_ Monthly \_\_\_\_\_

Hourly Wage \_\_\_\_\_ # Hours Worked Per Week \_\_\_\_\_

Length of Employment or Date Hired \_\_\_\_\_ If No Longer Employed, Date Last Worked \_\_\_\_\_

Date Paid	Period Covered	# of Hours in Pay Period		Total Gross Amount of Pay	
		Regular	Overtime	Regular	Overtime
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(TO BE COMPLETED BY EMPLOYEE)**

Provide the name of the child or children requesting insurance and if available, the FAMIS Family ID number

\_\_\_\_\_

\_\_\_\_\_

ID # \_\_\_\_\_

*If the above wages do not reflect your usual pay for a month, you may provide pay information for the past 3 months to show a more accurate average monthly wage*

**Please FAX to FAMIS: 1-888-221-9402**