



**MEDICAL/PRESCRIPTION DRUG (Rx) INSURANCE ELIGIBILITY  
ANNUAL SPOUSAL VERIFICATION FORM – 2024 Plan Year**

Fidelity Banker Name \_\_\_\_\_  
(LAST, FIRST, M.I.) Please PRINT NAME

**SECTION I**

To Be Completed by Fidelity Banker & Spouse	
I, _____ (PRINTED Banker Name), certify that my spouse, _____ (PRINTED Spouse Name), is: (CHECK ONE)	
a. <input type="checkbox"/> Employed (If checked, SECTION II must also be completed by Spouse’s Employer)	
b. <input type="checkbox"/> Currently unemployed                      c. <input type="checkbox"/> Retired                      d. <input type="checkbox"/> Self-employed with no benefits	
I certify that the information on this form is true and correct. I agree that, in the event my spouse becomes employed or health benefits eligible, I will advise Webber Advisors within thirty (30) days of the change. Further, I am aware that Fidelity deems that falsification of information on this document, or failure to advise of spousal employment, constitutes insurance fraud, which may lead to disciplinary action up to and including termination of employment.	
Signature of Banker	Date
Signature of Banker’s Spouse	Date

**SECTION II**

To Be Completed by Spouse’s Employer, if employed		
Company Name (PRINT)		
Company Address		
1 _____ is eligible for medical insurance with our co. effective _____ (Name)		
Comment _____		
2 _____ is NOT ELIGIBLE for medical insurance with our company (Name)		
because _____		
Print Name/Title	e-mail	
Signature of HR Benefits Representative	Date	Telephone Number

**Please return completed Form  
By December 18, 2023 to:**

**Webber Advisors  
Fidelity Call Center  
PO Box 593  
Hollidaysburg, PA 16648      FAX (814) 696-3244  
E-mail: [benefitshotline@webberadvisors.com](mailto:benefitshotline@webberadvisors.com)**

**For Effective Date: January 1, 2024**

**Questions may be directed to:                      (800) 326-9850  
POLICY/INSTRUCTIONS ON REVERSE**



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A banker's spouse is not eligible for medical/Rx coverage with Fidelity Bank if he/she is employed by a company who offers medical plan benefits. If a Fidelity Bank banker's spouse has employer-sponsored health coverage available to him/her through their employer, the spouse must enroll in that employer's medical insurance coverage.

**If your spouse is not eligible for another employer's medical plan, you must return this form before he/she can be covered under the Fidelity Bank Medical/Rx plan.**

**If the form is not returned, an enrolled spouse will automatically be removed from the Fidelity Bank Medical/Rx plan.**

Spouses can continue to elect coverage under the Fidelity Bank dental & vision plans.

In the event a spouse later becomes employed or health benefits-eligible with an employer, bankers must advise Webber Advisors with thirty (30) days of this change & provide appropriate documentation.

**\* This form is an annual requirement during every Open Enrollment period. \***

**THE FORM IS DUE BY December 18, 2023.**

1. **IF SPOUSE IS NOT EMPLOYED, RETIRED, or SELF-EMPLOYED** with no health benefits:

If you wish to enroll your spouse on Fidelity Bank's Medical/Rx plan, you and your spouse must complete the certification contained in SECTION I (see reverse side of this Form).

2. **IF SPOUSE IS EMPLOYED** (with no health benefits or limited benefits):

If you'd like to include your spouse on Fidelity Bank's Medical/Rx plan, you must have SECTION II # 1 or # 2 (see reverse side of this Form) completed by a Human Resources Benefits Representative of your spouse's employer. Upon completion, the HR Representative should forward the Form to Webber Advisors. The information supplied will determine whether your spouse is eligible for Medical/Rx coverage with Fidelity Bank.

**SEE REVERSE SIDE – SIGNATURE(s) NEEDED**