

SOUTHEAST ARKANSAS COLLEGE

Affidavit of Insurance Coverage

By my signature below, I _____(employee) declare that I have health insurance coverage which meets the requirements of the Affordable Care Act through a provider other than Southeast Arkansas College.

My signature below authorizes the Personnel Department at Southeast Arkansas College to contact my insurance company to verify the policy is in force.

Please complete the section below.

Insurance Provider

Policy Number

Phone Number

Employee's Signature

Date

Employee wages will be held until this form is completed and returned to the Personnel Office.