AMERICAN TRANSMISSION COMPANY ®

POWERINGWELLBEING

CORPORATE HEADQUARTERS: P.O. BOX 47 ■ WAUKESHA, WI 53187-0047
PHONE: 262-506-6700 ■ TOLL FREE: 866-899-3204 ■ FAX: 262-506-6124 ■ www.atcllc.com

Date: _____

Re: Verification of medical plan eligibility & premium

Employee Name
(Spouse of ATC Employee): _____

American Transmission Company (ATC) requires verification of medial plan eligibility for spouses of ATC employees who enroll in the ATC Medical Plan. As part of this verification, we need the information below completed for your employee listed above.

1. **Is the employee listed above, employed by your organization?** ☐ Yes ☐ No

2. **If yes, is this employee eligible for medical plan coverage with your organization?** ☐ Yes ☐ No

3. **If yes, is the medical plan premium, subsidized by your organization, or does the employee pay 100% of the premium?**

   ☐ Yes, the ***employer*** pays a portion of the medical plan premium

   ☐ No, the ***employee*** pays 100% of the medical plan premium

Verification completed by: _____

Signature: _____

Position Title: _____

Employer/Organization: _____

Phone: _____ **Email:** _____

If you have any questions, or need any additional information, please let me know. I can be reached by email at swilder@atcllc.com or by phone at 262-506-6872.

Sara M. Wilder
Sr. Benefits Specialist