**Employer-Provided Health Insurance Offer and Coverage Form**

If Employer provided self-insured coverage, check the box [ ] and enter the information for each individual enrolled in coverage, including the employee.

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| Name of Covered Individual(s) | Employee Number | Covered all 12 months | Months of Coverage | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
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