

Charlottesville School Employee should complete all questions in black.
Benefit Administrator for the company providing coverage should complete all questions in red. This form must be completed each year to verify that you are still enrolled.

Proof of Insurance Form

1. Name: _____
Charlottesville School Employee
2. Address: _____

3. Social Security Number: _____
4. Policyholder's Name: _____
5. Policyholder's SS#: _____

Note to Responding Company - Complete this for GROUP Only

6. Name of Insurance Company: _____
7. Type of Coverage: (circle one) Individual Family Individual + 1
8. Effective date of Coverage: _____

Responding Company: (Employer responsible for coverage)

10. Company Name & Address: _____

11. Name/Title of Person Completing this Form _____

Telephone # _____
12. Employee Signature: _____
13. Signature of Administrator completing this form: _____
14. Date: _____

Return to:

**OneDigital Health and Benefits
Charlottesville City Schools
ATTN: Kim Garrison
Fax: 855-401-0649**

Email: Benefits@charlottesvilleschools.org