



14 Tsienneto Road, Suite 301, Derry, NH 03038  
Tel: 603.425.2545 Fax: 603.425.2378

### Health Insurance Access Verification Form

\_\_\_\_\_ has applied to Greater Derry Community Health Services for assistance in obtaining access to health care services.

In the spaces provided, please complete the following:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

The named applicant has access to individual health insurance YES \_\_\_\_\_ NO \_\_\_\_\_

Lowest available cost per pay period for insurance \$\_\_\_\_\_.

The named applicant has access to family health coverage YES \_\_\_\_\_ NO \_\_\_\_\_

Lowest available cost per pay period for coverage \$\_\_\_\_\_

Open Enrollment Period \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

**I authorize my employer to release this information to CHS.**

\_\_\_\_\_  
Applicant/Employee

\_\_\_\_\_  
Date