Teachers HEALTH TRUST
For Teachers. By Teachers.

(702) 794-0272 | Fax: (702) 990-0091 | **www.ththealth.org**
2950 E Rochelle Ave, Las Vegas, NV 89121

Teachers Health Trust Attestation Form

Full Name: _____

Member ID: _____

Attestation
By signing below, I affirm that:

1. I am in compliance with the eligibility requirements established by Teachers Health Trust.
2. I am not currently enrolled in a restricted health plan type.
3. I understand that this attestation is required for eligibility under the Spousal Plan.
4. The information provided on this form is true, complete, and accurate to the best of my knowledge.

I understand that any false, incomplete, or misleading information may result in loss of eligibility, termination of coverage, or other applicable actions as determined by THT.

_____
Signature of Member

Date: _____
