641-623-5401 | 3006 Brownells Pkwy., Grinnell, IA 50112

Spouse Employer Letter

Dear Employer:

Your employee, _____(print name), is pending enrollment into the 2nd Adventure Payroll Services LLC medical and/or dental insurance plan.

Please complete the below information and return 2nd Adventure Payroll Services LLC.

Sincerely,
The People Team
2nd Adventure Payroll Services LLC
641-623-5401
PeopleTeam@2ndadventure.com

Please mark the appropriate box for your above-named employee and *select the benefit(s) that applies*:

☐ Effective ___/___ / _____, _____(employee's name) is entitled to participate in the ☐health and/or ☐dental coverage of _____ (employer).

☐ Please be advised that _____ (employer) does not provide ☐health and/or ☐dental coverage to any of their full-time employees.
_____(employee's name) is considered a full-time employee.

☐ Please be advised that _____ (employer) does not provide ☐health and/or ☐dental coverage to any of their part-time employees.
_____(employee's name) is considered a part-time employee.

☐ Please be advised that _____ (employer) does provide ☐health and/or ☐dental coverage and _____ (employee's name) is not eligible to participate.

If you have any questions or require any additional information, please feel free to contact me at:

Name: _____

Phone: _____

Email: _____

_____

Signature of Employer **Title** **Date**