



Income Verification

Date: _____

I, the undersigned, certify that my income for the last twelve months from _____
to _____ has been \$ _____ from the following sources:

1. _____
2. _____

Employer's Name:

Client Signature

Date

UNEMPLOYMENT VERIFICATION

I, _____, certify that I am not presently employed. I have been
unemployed since _____ and I, ___ am ___ am not, presently
receiving unemployment benefits.

My last employer was _____.

Client Signature

Date

FOR INTERNAL USE ONLY

Based on the information provided by the client, I certify that this client meets the income
eligibility guidelines to receive benefits under the Optum Health contract.

Signature of Employee Representative

Date