Affidavit of Spousal Health Care Coverage

Name of Participant: _____ Name of Spouse: _____

Important: please ensure this form is <u>fully completed</u>.
Your response, or lack of response, may impact your spouse's health care coverage.

SECTION I: Spouse Employment Information

If your spouse has access to medical coverage through his/her own employer, a monthly surcharge of $388/month may be applied.

Please check which statement applies to your spouse and sign below:

□ **<u>My spouse is not employed</u>** (Please sign below and submit a copy of the first and signature pages your most recently filed federal tax return (2020 or 2021)

□ **<u>My spouse is self employed</u>** and does not have access to employer sponsored health care

□ **<u>My spouse is employed</u>** and is enrolled in his/her employer's health plan (Please provide a copy of a current insurance card)

□ **<u>My spouse is employed</u>** but not offered health coverage (Your spouse's employer must complete Section II)

□ **<u>My spouse is employed</u>** and offered coverage through his/her employer (Your spouse's employer must complete Section II)

I certify under penalty of perjury that the foregoing is true, correct and current. I understand as a participant that willful falsification of information on this Affidavit may lead to a loss of coverage or additional consequences.

_____ _____
Participant Signature (*required)* Date

SECTION II: Employer Certification of Spouse's Health Benefit Coverage

NOTE: this section must be completed in full by <u>your spouse's employer</u>

Is the Spouse named above offered medical coverage through your company? □ Yes □ No

If you offer coverage,

- Did the spouse waive coverage? □ Yes □ No
- Is the monthly premium more than $330 for individual coverage? □ Yes □ No □ N/A
- You only offer a High Deductible Health Plan as defined by the IRS at 26 U.S.C. § 223 (c)(2)(A) □ Yes □ No □ N/A
- The spouse is a new hire and will be eligible after a waiting period. Eligibility begins _____

Name of Employer: _____ Phone: _____

Name of Representative: _____ Title: _____

Signature of Representative: _____ Date: _____