

Working Spouse* Eligibility Form Macomb School District #185

Who must complete this form? Any employee electing to cover their lawful spouse under the MCUSD #185 Employee Group Health Plan effective January 1, 2012 or later must complete this form. A spouse will not be eligible or be enrolled in the District’s Group Health Plan until this form is completed and returned to Lisa Mooney at the District’s Administrative Service Center Wednesday, December 2, 2020.

This form must be completed in full if an employee’s lawful spouse is: actively employed and offered medical coverage by his or her employer, or a retiree offered medical coverage from a previous employer.

The spouse must enroll in that Plan as their primary carrier to be eligible for coverage under the District as secondary coverage. You are permitted to cover your spouse under MCUSD #185 as a secondary coverage, if you choose.

The working spouse policy applies if the following conditions are met:

- Your spouse is actively employed, or eligible for coverage as a retiree from a previous employer; and
- Your working spouse is eligible for a group medical plan offered by his or her employer, or previous employer if a retiree; and
- Your working spouse’s employer contributes at least 50% or more toward the employee health care coverage.

It is important to note that this policy will not affect children or spouses who are not employed or do not have access to employer subsidized major medical insurance.

Section 1 – to be completed by MCUSD #185 Employee

Employee Name & I.D. #:
Spouse Name & S.S. #:
My spouse actively works? <input type="checkbox"/> Yes <input type="checkbox"/> No*
My spouse is a retiree from a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No*
*If you answered “No” to both of the questions above, please sign, date and return this form.
Name of Spouse’s Employer / Retiree’s Former Employer:
Address of Spouse’s Employer / Retiree’s Former Employer:

I solemnly affirm that the information provided above is true, accurate, and complete. I understand that if the status of medical coverage for my spouse changes, it is my responsibility to notify MCUSD #185 Employee Health Information Administration Office within 31 days of the change. I understand that failure to notify MCUSD #185 of my spouse’s employment or retirement change or providing false information is fraud and may result in health coverage cancellation, financial penalty and/or disciplinary action in accordance with the provisions of my health care plan and/or the MCUSD #185 policies.

Employee Signature

Date

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I authorize my employer to release the information requested below, and I have read and understand the statements regarding MCUSD #185 Group Health Plan Working Spouse Policy.

Spouse Signature

Date

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Section 2 – to be completed by Spouse’s Employer or Retiree’s Former Employer

MCUSD #185 implemented a “working spouse policy” effective January 1, 2012. A working spouse policy requires spouses of District employees who have access to employer subsidized (at least 50%) major medical insurance to accept that insurance as primary. These spouses will only be permitted to have secondary access to the District’s medical policy.

<p>Is major medical coverage available to your employee or retiree? ___ Yes ___ No If no, explain:</p>
<p>Is your employee or retiree enrolled in the available medical coverage? ___ Yes ___ No If no, explain:</p>
<p>Does the company pay at least 50% of the “employee (or retiree) only” premium? ___ Yes ___ No</p>
<p>Is your employee or retiree eligible for benefits? ___ Yes ___ No Please note: “Loss of eligibility” under the MCUSD #185 group health plan is considered a Qualifying Event under HIPAA. Your employee may qualify as a “special (late) enrollee” under your group health plan.</p>
<p>If “No” to the question immediately above, what is the earliest date that your employee or retiree will be allowed to join your employer-sponsored health plan?</p>
<p>Please provide Name of Insurance Plan, Group #, Address and Phone #:</p>
<p>Please provide Name and Title of HR Representative completing this Form, Employer Name, Address and Phone #:</p>

Human Resources Representative Signature

Date

This completed signed form must be submitted to MCUSD #185, Attn: Lisa Mooney, District Health Insurance Coordinator, Administrative Service Center, 323 W. Washington St., Macomb IL 61455 by December 2, 2020 for coverage to be effective January 1, 2021.

Note: For continuing employees, this form must be completed annually during each re-enrollment period if your spouse is going to continue as primary under the MCUSD #185 Group Health Plan.

*For purposes of eligibility, a spouse in a civil union and a spouse in a marriage are treated identically.

Macomb School District #185
Effective 01/01/12

Frequently Asked Questions about the Working Spouse* Policy

When did this policy go in to effect?

January 1, 2012

Do I need to complete the Working Spouse Eligibility Form?

Yes, if you cover your spouse under the District Health Plan the Working Spouse Eligibility Form must be completed.

What will I need to do if I cover my spouse?

You, your spouse, and your spouse's employer (former employer if retired) must complete and sign the Working Spouse Eligibility Form. Return the completed signed form to the District Employee Health Information Administration Office.

Will the working spouse policy affect my spouse?

My spouse: Is not employed – No
Is self-employed or an independent contractor – No
Is employed/retired, but the employer does not offer medical insurance – No
Is employed/retired, but not eligible for medical insurance – No
Is employed by MCUSD #185 – No
Is employed/retired, but the employer does not pay for at least 50% of the medical insurance premium – No
Is employed/retired, and the employer pays for at least 50% of the medical insurance costs - Yes

My spouse is retired. What effect will this policy have?

The working spouse policy applies if your spouse is eligible to continue their former employer's group health plan as a retiree and the former employer pays at least 50% of the medical premium. The District Working Spouse Eligibility Form must be completed.

Must my spouse elect their employer's (former employer's) major medical insurance policy if they are affected by the working spouse rule?

Yes.

If my spouse has primary coverage through their employer may I discontinue coverage on my spouse on the District Plan?

Yes.

If my spouse has primary coverage through their employer may I continue to cover my spouse on the District Plan as secondary?

Yes, you may choose to continue secondary coverage on your spouse under the District Plan.

What will the District Plan cover if my spouse is on their Employer's Plan as primary and on my District Plan as Secondary?

Typically the District Plan will pay for what your spouse's primary insurance policy covered but did not pay (such as deductibles and coinsurance).

What if my spouse is eligible but does not elect their employer's (former employer's) major medical insurance policy?

Your spouse will have no primary coverage. Your spouse is eligible for secondary coverage only through the District Health Plan. The District Plan will process covered expenses as secondary regardless of whether or not you purchased primary coverage. Typically coverage would be limited to the reimbursement of the deductible and out-of-pocket limits set forth in your District Plan Document.

What if I don't return the Working Spouse Eligibility Form?

If you do not respond, your spouse will not be covered under the District Plan and claims will be denied.

How often will I need to complete the Working Spouse Eligibility Form?

Ongoing employees covering their spouses as primary under the District Plan will complete the form every year at re-enrollment. Special enrollees that have qualifying events will complete at time of qualifying event. New hires adding their spouse will complete upon initial enrollment.

My spouse's open enrollment period has passed. What should my spouse do to comply with the new policy?

Typically your spouse's employer will grant a "Qualifying Event" under HIPAA that will allow your spouse to modify their benefit selection. Your spouse should take this Q & A and the Working Spouse Eligibility Form to their Human Resources Dept. for completion.

What do I do if my spouse becomes eligible for major medical insurance through their employer in the future, and the employer pays at least 50% of the premium?

Your spouse should contact their employer to complete the necessary enrollment forms. You will also need to contact the District Health Insurance Plan Coordinator - Administration Office and complete your Plan's necessary forms within 31 days.

Will this policy affect insurance for my children?

No. This policy has no affect on District insurance eligibility for children. The District will continue to use the birthday rule to determine which insurance will be primary for children when both the mother and the father have medical insurance for the children.

Will this policy affect the dental or vision policies?

No.

*For purposes of eligibility, a spouse in a civil union and a spouse in a marriage are treated identically.