

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.