SPOUSE CERTIFICATION OF ELIGIBILITY -- HEALTH INSURANCE

Van Wert Area School Insurance Group (VWASIG)

Employee Name: _____

Van Wert Area School Insurance Group (VWASIG) eligibility policy for a working spouse will be determined by their eligibility to enroll in their employer sponsored group health insurance program or employer sponsored retirement health plan. Your spouse will not be eligible for coverage under the VWASIG Health Plan if:

- the spouse's employer offers a group health plan and the spouse is eligible for coverage under his/her employer sponsored group health plan, or
- the spouse's former employer offers a retirement health plan such as STRS, SERS, PERS, GM, Ford, etc and the spouse is eligible for coverage under that retirement health plan

When the above conditions are met, your spouse will not be eligible for coverage under the VWASIG Health Plan.

Employees covered by the VWASIG Health Plan who are requesting health coverage for their spouse must complete this form and return to the treasurer's office by 11/15/19. Please note that a portion of this form must be completed by your spouse's employer. For this reason, we urge you to forward this request to them as quickly as possible.

TO BE COMPLETED BY EMPLOYEE COVERED BY THE VWASIG HEALTH PLAN

Is your Spouse employed or Self-Employed? ☐ Yes ☐ No
Is your Spouse Eligible for any Retirement Benefits as described above? ☐ Yes ☐ No

(If your spouse is employed or self-employed, please have your spouse and your spouse's employer complete the remaining sections)

I understand that if my spouse's health insurance coverage availability changes at any time during the year; it is my responsibility to notify the treasurer's office immediately. I further understand that false statements or failure to notify the treasurer's office of coverage eligibility changes could result in denial of claims and/or termination of employment.

Employee Signature _____ Date _____

TO BE COMPLETED BY THE SPOUSE

I authorize my employer to release the below requested health plan information to Van Wert Area School Insurance Group.

Spouse Signature _____ Date _____

(Please turn over to complete PAGE #2)

SPOUSE CERTIFICATION OF ELIGIBILITY -- HEALTH INSURANCE

TO BE COMPLETED BY SPOUSE'S EMPLOYER (OR SPOUSE IF SELF-EMPLOYED)

Regarding eligibility for group health coverage, please answer the questions below:

1. Is the Spouse named above employed by your Company? ☐ Yes ☐ No
2. Is the person named above as "Spouse" offered health insurance coverage? ☐ Yes ☐ No
3. Is the person named above as "Spouse" eligible for health coverage offered by your Company? ☐ Yes ☐ No
4. Is the person named above as "Spouse" eligible for retirement coverage offered by your Company? ☐ Yes ☐ No
5. Does your health insurance plan have an "open enrollment" period? ☐ Yes ☐ No

If so, when is your "open enrollment" period: _____

What is the effective date of coverage when electing during your "open enrollment" period: _____

As of October 1, 2015, a spouse will not be eligible for coverage under the VWASIG Health Benefit Plan if:

- the spouse's employer offers a group health plan and the spouse is eligible for coverage under that employer sponsored group health plan, or
- the spouse's former employer offers a retirement health plan such as STRS, SERS, PERS, GM, Ford, etc and the spouse is eligible for coverage under that retirement health plan

When the above conditions are met, the spouse will need to enroll in their employer's health plan or employer sponsored retirement plan.

Authorized Employer Contact Information (OR Spouse Info if Self-Employed): PLEASE PRINT

Name & Title _____ Date _____

Signature _____ Telephone Number _____

Please return this information to:

Lincolnview Local Schools
Attn: Treasurer's Office
15945 Middle Point Road
Van Wert, OH 45891
Phone: 419-968-2226
Fax: 419-968-2227
Email: tbowersock@lincolnview.k12.oh.us