
2024 SPOUSE MEDICAL PLAN SURCHARGE AFFIDAVIT

To be completed if you are enrolling your spouse in your employer medical plan (PPO Plan or HDP, including retiree PMD/MPD). If you are NOT enrolling your spouse in your employer medical plan this form is not needed. If you fail to complete this form or are late turning it in, a \$200 per month surcharge will be assessed. More information about the spouse surcharge is found on the back of this form.

Please print.

Employee/Retiree Name _____ Last 4 Digits of SSN _____

Spouse Name _____ Last 4 Digits of SSN _____

Form due date

Annual Enrollment Form is due no later than November 3 before the new plan year starts.

Newly-hired Form is due within 14 calendar days of your hire date.

1. IS YOUR SPOUSE EMPLOYED?

Yes Employer Name _____ Employer Phone _____

No If NO, skip questions 2 and 3. Sign, date and return this form to HR-Benefits.

2. IF YOUR SPOUSE IS EMPLOYED, IS HE/SHE ELIGIBLE TO RECEIVE MEDICAL INSURANCE OFFERED BY HIS/HER EMPLOYER?

Yes Spouse's Annual Enrollment Dates _____

No If NO, skip question 3. Sign, date and return this form to HR-Benefits.

3. IF YOUR SPOUSE'S EMPLOYER OFFERS MEDICAL INSURANCE AND YOUR SPOUSE IS ELIGIBLE FOR THAT INSURANCE, IS YOUR SPOUSE ENROLLED IN HIS/HER EMPLOYER MEDICAL PLAN?

Yes Name of Insurance Carrier _____

Spouse's Plan Effective Date _____

If YES, you must attach proof of spouse enrollment in spouse's employer plan (ID card, coverage confirmation page, or employer documentation printed on employer's letterhead). With proof of enrollment, you will not be assessed a \$200 per month Spouse Medical Plan Surcharge if your spouse is enrolled in both the spouse's employer plan and your medical plan (dual coverage). IRS rules do not allow for enrollment in a high deductible health plan (HDHP) and a traditional plan (like a PPO) at the same time. Sign, date and return this form to HR-Benefits.

No If NO, you will be assessed a \$200 per month Spouse Medical Plan Surcharge in addition to your insurance premium when you enroll your spouse in your medical plan. Sign, date and return this form to HR-Benefits.

CERTIFICATION

I certify the information I provided on this form is true and correct. I acknowledge that falsification of any information may lead to disciplinary action, up to and including employment termination, and that I may be held responsible for funds paid to providers on my spouse's behalf. I will notify my employer's HR-Benefits Department if my spouse gains or loses other employer medical coverage (a qualified change in status event) and turn in required paperwork to the HR-Benefits Department within 31 calendar days of the event. I understand that HR-Benefits may conduct audits and request information throughout the plan year, and I will be responsible for missed payments. I further understand a spouse surcharge may be terminated at the first of the month following timely notification. Spouse surcharge refunds for late notification are not allowed.

Employee Signature _____ Date _____

Information about the Spouse Medical Plan Surcharge

Regardless of the medical plan you select, you could pay more for coverage if you enroll your spouse in your medical plan. A spouse surcharge will not apply if your spouse enrolls in both your spouse's employer plan and your employer plan. If your spouse does not enroll in his/her employer medical plan, you will pay more to enroll your spouse in your employer's medical plan. Review your specific situation before you enroll your spouse. Reference to the PPO Plan includes Retiree PMD/MPD Plans for a non-Medicare spouse enrolled in the PPO Plan.

The spouse surcharge will apply if:

1. Your spouse's employer offers a medical plan and your spouse is eligible for coverage under that plan and did not enroll in that plan; and
2. You cover your spouse in your employer PPO medical plan or HDP; then
3. A \$200 per month spouse surcharge will apply to the cost of covering your spouse on your employer medical plan (active employees - deducted from payroll).
4. The surcharge will also apply if you fail to complete or were late turning in the required Spouse Medical Plan Surcharge Affidavit. Spouse surcharge refunds are not retroactive, and are not allowed for failure to turn in the form or turning the form in late.

The spouse surcharge will NOT apply if:

1. Your spouse is enrolled in his/her employer medical plan (proof of enrollment required) and your employer PPO medical plan or HDP; or
2. Your spouse does not work outside the home and has no access to employer coverage; or
3. Your spouse's employer does not offer medical coverage or your spouse is not eligible for that coverage; or
4. Your spouse's other coverage is Medicare, Medicaid, TRICARE or care received at a VA facility; and
5. You turned in the required Spouse Medical Plan Surcharge Affidavit on time.

Required time-sensitive enrollment action

During annual enrollment each year, any employee who covers his/her spouse must sign a Spouse Medical Plan Surcharge Affidavit attesting to your spouse's access to employer medical plan coverage through his/her employer, regardless if he/she enrolled in that coverage.

If you are newly-hired and you enroll a spouse in your employer medical plan, you must turn in the Spouse Medical Plan Surcharge Affidavit within 14 calendar days of your hire date. If you experience a qualified change in status event, you must notify HR-Benefits and complete required paperwork within 31 calendar days of the event. Provided the change is an eligible event, the change will become effective the first day of the month following timely notification.

Spouse's employer enrollment period

While many plans are calendar-year plans (like yours), some are not. If your spouse's employer plan is not a calendar year plan, and your spouse did not enroll in his/her employer plan during your spouse's annual enrollment, your spouse should check with his/her employer to see if it is still possible to enroll. If the employer's plan rules do not allow enrollment, then the spouse surcharge applies until your spouse's employer coverage is effective.

Cost considerations

It is important that you consider each of the following items to determine if you wish to enroll your spouse in your employer plan. Monthly premium is not the only item you should evaluate.

1. Monthly premium cost under each plan (single coverage with spouse's plan, employee plus spouse/family coverage in your employer plan) with and without the surcharge.
2. Plan design differences (deductibles, out-of-pocket maximum, copays and coinsurance).
3. Type of plan (IRS rules do not allow coverage in a high deductible plan and any other medical plan (like a PPO Plan) at the same time).
4. If both you and your spouse are enrolled in the HDP, consider the impact of employer seed money (if any) to your HSA.

Medical Plan

For purposes of this affidavit, a medical plan is an affordable plan with minimum essential coverage (MEC) offered through an employer as defined by the Affordable Care Act (ACA).