



Monroe County School District

SPOUSAL MEDICAL BENEFITS AFFIDAVIT

To ensure that all employees and their dependents have continued access to affordable, quality health insurance, effective Jan. 1, 2018, employees' spouses who have access to affordable health care that provides minimum value (as defined by the Affordable Care Act) through another employer will no longer be eligible for enrollment in the Monroe County School District Health Plan, unless they agree to pay a spousal surcharge. Please reference the current Employee Benefits Guide for the spousal surcharge amount.

All employees who want to enroll their eligible spouse in the Monroe County School District Health Plan without the assessment of a spousal surcharge must complete this Affidavit.

Insurance Fraud Warning: Any person who, with intent to defraud, or knowing that he/she is facilitating a fraudulent act against a benefit plan, submits an application or a claim containing a false or deceptive statement is guilty of insurance fraud.

I certify that my spouse does not have access to affordable health care that provides minimum value (as defined by the Affordable Care Act) through his/her employer.

By signing this Affidavit, I attest that the above information is accurate to the best of my knowledge as of the date that I sign and submit this affidavit.

It is my responsibility to notify the Employee Benefits Department within 30 days, if my spouse gains access to affordable health care through his/her employer. I understand that on the 1st day of the month following the date my spouse becomes eligible for affordable health care, I will be allowed to cover my spouse on the MCSD Health Plan by paying the spousal surcharge.

I understand that Monroe County School District will conduct periodic audits and I may be asked to provide documentation verifying spouse eligibility. I further understand that failure to accurately report a change in the spouse's eligibility for employer-sponsored insurance may result in your spouse's coverage being terminated and may be grounds for disciplinary action up to and including termination of employment.

Employee Name

Employee Signature

Date

Last 4 - SS #