
Central Community School System

Personnel Services and Operations

WORKING SPOUSE PREMIUM AFFIDAVIT 2017-2018

If you have elected medical coverage from the Central Community School System for your spouse and the spouse is eligible for coverage through his/her employer; then beginning with the August 2017 payroll, a working spouse premium of \$200 per month will be added to your employee portion premium monthly contribution.

The working spouse premium will be waived only if your spouse meets one of the following qualifications:

My spouse: (check one)

- Does not work (unemployed) Is self-employed Is disabled
- Works for an employer of less than 50 employees
- Does not have health coverage available through his employer or has not met the employer's eligibility requirements for coverage. **Complete the information below:**

Spouse's _____ Employer _____ Name: _____

Spouse's _____ Job _____ Title: _____

If this form is being completed during the Open Enrollment process, it must be received by the Department of Personnel Services and Operations no later than **AUGUST 18, 2017**. If this form is not received by this date and your spouse is enrolled in coverage, you will be charged the additional \$200 premium every month until the form is received.

If your spouse loses or obtains health coverage through their employer, you have thirty (30) days from the qualifying event to notify the Department of Personnel Services and Operations of such a change. Failure to notify within the thirty (30) days will result in the requested change being delayed until the next annual enrollment period.

My signature below indicates that the facts set forth on this form are true and complete to the best of my knowledge. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify the Department of Personnel Services and Operations within thirty (30) days of such change. Any false written statements on this form or on future forms as it relates to spousal health insurance information shall be considered grounds for disciplinary actions including and up to termination.

Employee's _____ Full _____ Name _____ (Printed): _____

Employee's Signature: _____ Date: _____

Sworn to and subscribed before me, the undersigned Notary Public, on this date _____

Notary Signature and Stamp:

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