

SPOUSE COVERAGE CERTIFICATION FORM

(COMPLETE THIS FORM IF YOUR SPOUSE* OR QUALIFIED EX-SPOUSE IS CURRENTLY ENROLLED
ON YOUR COVENTRY PUBLIC SCHOOLS PLAN)

*includes spouse by common law, or your domestic partner enrolled in Coventry's plan.

Personal Contact Information

Employee
Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>

Employee ID#:

Not Applicable

Employee
Phone:

Employee
Email:

Spouse/Ex-Spouse Contact Information

Spouse/Ex-Spouse's
Name:

Address:

<i>Street Address</i>	<i>Apartment/Unit #</i>

<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Spouse/Ex-Spouse's
Employer:

Spouse/Ex-Spouse's
Employer Address:

<i>Street Address</i>	<i>Apartment/Unit #</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Spouse/Ex-Spouse's
Phone:

I hereby certify that (check the statement that applies to you):

No Access to Spouse Coverage

- 1) My spouse or qualified ex-spouse does not have access to coverage through his or her employer.

Covered by Spouse Employer

- 2) My spouse or qualified ex-spouse has access to and is enrolled in coverage through his or her employer, as follows:

Insurance Carrier:

Policyholder/Subscriber Name:

Member Information:

Group Name *Member ID#*

Cost of INDIVIDUAL Coverage:	\$ Withdrawal per Paycheck	# of Paychecks per Year	Total Annual Cost
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Coverage is INDIVIDUAL ONLY: YES NO

Note: If spouse or qualified ex-spouse is enrolled in family coverage, you will only be reimbursed for the cost of spouse's individual coverage.

Documentation Attached: YES NO

Proof of Coverage YES NO

Cost of Coverage YES NO

Please review the FAQ for details on required documentation which must accompany this certification form in order to receive reimbursement for spouse's coverage.

Not Yet Covered by Spouse Employer

- 3) My spouse or qualified ex-spouse has access to but is not currently enrolled in coverage through his/her employer. (Refer to FAQs regarding open enrollment periods or restrictions that may apply to your spouse's plan.)

Effective Date of Spouse/Ex-Spouse's Coverage:

Please note that your spouse or qualified ex-spouse is required to enroll in their employer's healthcare plan as of July 1, 2016, if you check this option, you must re-submit this form when coverage has been secured in order to receive reimbursement for your spouse's coverage.)

In signing the below, I understand that the submission of untruthful or false information to Coventry Public Schools may be considered a false claim and/or fraudulent statement and may be subject to criminal and/or civil penalties, recoupment of all benefits paid for by Coventry, and/or disciplinary action, including suspension of healthcare coverage and potential termination of employment .

I also understand that if my spouse or qualified ex-spouse has access to health care coverage through his or her employer, I must provide Coventry with written confirmation of my spouse's or qualified ex-spouse's insurance information (as outlined above) *upon HR's request*. Additionally, I understand that if my spouse or qualified ex-spouse does not have access to other employer coverage at this time, but obtains access to health care coverage in the future, my spouse or qualified ex-spouse **must** enroll in that coverage, and provide Coventry with required documentation within 30 days of this coverage becoming available. Failure to provide this information will result in my spouse's or qualified ex-spouse's suspension from Coventry coverage, and Coventry may seek reimbursement for any amounts Coventry has paid on behalf of my spouse or qualified ex-spouse.

Additionally, in signing the below, I understand that beginning on July 1, 2016, I am entitled to a reimbursement for any employee contribution that my spouse or qualified ex-spouse is required to make as a result of enrolling in their own employer sponsored health plan. I understand that the reimbursement will be paid to me, the employee, and not to my spouse or qualified ex-spouse. Any obligation to provide this reimbursement to my ex-spouse (if applicable) is my responsibility. I also understand that I will be responsible for providing Coventry with proof of my spouse's or qualified ex-spouse's coverage and employee contribution, and that if he or she loses health care coverage under his or her employer's plan at any time, it is my responsibility to notify the Coventry that reimbursement to me should be stopped. I understand that continuing to accept reimbursement for my spouse's or qualified ex-spouse's plan after he or she is no longer enrolled in that plan could be considered my submission of a false claim and/or fraudulent statement and may be subject to criminal and/or civil penalties, recoupment of all benefits paid for by Coventry, and/or disciplinary action, including suspension of healthcare coverage and potential termination of employment.

Employee Signature:

Witness:

*

Witness Signature

Date

** Does not need to be witnessed by a Notary Public .*

EX-SPOUSE (ONLY IF APPLICABLE): In signing the below, I understand that as an enrolled in the Coventry Public Schools healthcare plan, the employee whose plan I am covered under is entitled to a reimbursement for any employee contribution that my I am required to make as a result of enrolling in my own employer sponsored health plan. I understand that the reimbursements will be made issued to the employee, and not to me, and that any obligation to provide this reimbursement to me is the responsibility of my ex-spouse. I agree to hold harmless and indemnify Coventry Public Schools from any failure of my ex-spouse to provide me with reimbursement of any funds paid to him or her Coventry Public Schools.

I also understand that I will be responsible for providing Coventry Public Schools with proof of my employee contribution, and that if I cease to be a member of that plan at any time, it is my responsibility to notify Coventry Public Schools that reimbursement should be stopped. I understand that if Coventry continues to make reimbursement for my employer sponsored plan costs once I am no longer enrolled in the plan, I may be considered to have submitted a false claim and/or fraudulent statement and may be subject to criminal and/or civil penalties, and recoupment of all benefits paid for by the Coventry.

Ex-Spouse's Signature:

if applicable

Witness:

Witness Signature

Date

** Does not need to be witnessed by a Notary Public.*

Completed certification forms and required documentation should be sent to *Andi* via mail or email:

*Coventry Public Schools
1675 Flat River Road
Attn: Andi Rios, HR Manager
Coventry RI 02816*

*Andi
Rios*

Email Address:

riosand@coventryschools.net

Required Attachments:

Two paychecks

OR

Signed letter from employer

OR

Summary of Benefits (along with paychecks or letter proving coverage)

Supplemental documentation must include:

- 1) Coverage effective date
- 2) Cost (per paycheck, number of paychecks per year)
- 3) Proof that the coverage is individual only. Coventry Public Schools is only requiring your spouse to enroll in individual coverage. Coventry Public Schools will not reimburse for the family rate if you enroll dependents in your spouse's plan.
- 4) Proof of insurance – in order to receive the spousal reimbursement, you must prove your spouse/ex-spouse is covered or will be covered by July 1st.