

WORKING SPOUSE PROVISION AFFIDAVIT

West Virginia Annual Conference United Methodist Family Employee Medical and Dental Plan

A "Working Spouse Provision" concerning coverage of eligible employees' spouses has been adopted under the West Virginia Annual Conference United Methodist Family Employee Medical and Dental Plan effective January 1, 2019. In the event that **all** of the following apply, your spouse is not eligible to be covered under the above mentioned conference plan.

- You are married; and
- Your spouse is employed; and
- Your spouse's employer offers a group medical insurance plan;
- Your spouse's required contribution is 50% or less of the total annual single premium.

In order to determine whether your spouse is eligible to be covered under the West Virginia Annual Conference United Methodist Family Employee Medical and Dental Plan, please provide answers to the following questions.

1. Are you married? Yes No
If Yes, proceed to Question 2. If No, proceed below for required signature.

2. Is your spouse employed? Yes No
If No, proceed below for required signature.
If Yes, please provide the name, address and telephone number of company.

3. Is your spouse eligible for their employer's Medical Plan? Yes No
If No, proceed below for required signature.
If Yes, is your spouse required to contribute fifty percent (50%) or less of the total annual single premium.
 Yes No

This form must be completed and returned with your enrollment form to Kathy Damron in the Treasurer's office to ensure that your spouse, if applicable, will be covered by the Medical Plan.

I certify that the answers provided on this form are true and correct. I further understand that falsification of this document in any detail, including misrepresentation or omission of facts, is grounds for disciplinary action by my Employer up to, and including discharge or loss of medical coverage.

Employee Signature

Date

Print Employee Name

Employee SS or Member ID

If answered "yes" to Question #2.

I hereby certify _____ has permission to confirm with my employer the information provided above.

Spouse Signature

Date

Print Spouse Name