Spousal Eligibility Affidavit

If your spouse is eligible for group health insurance through his or her employer, then her or she will not be eligible to obtain coverage under Manheim Township's group health plan. You and your spouse's employer must complete this form to indicate your spouse's eligibility for participation in Manheim Township's health plan. To verify spousal eligibility, the Township may request proof of marriage by requesting a copy of your marriage license.

TO BE COMPLETED BY TOWNSHIP EMPLOYEE

Employee Name: _____ For Plan Year: _____

Are you married:	☐ YES	☐ NO
Is your spouse employed?	☐ YES	☐ NO
Is your spouse self-employed?	☐ YES	☐ NO
Is your spouse eligible for coverage through his/her employer?	☐ YES	☐ NO

TO BE COMPLETED BY SPOUSE'S EMPLOYER

Company Name: _____ Date: _____

Company Address: _____

☐ My employee is eligible for medical coverage through our organization.

☐ My employee is not eligible for medical coverage through our organization.

Reason not eligible: _____

Employer Representative Printed Name & Title: _____

Signature: _____ Phone Number: _____

Acknowledgement

In certify under penalty of perjury, that the foregoing is true and correct. I understand that as a Manheim Township employee, falsification of information on this affidavit will lead to disciplinary action, up to and including termination. Fraud or intentional misrepresentation may result in retroactive termination of my spouse's benefits coverage. I also understand that support evidence (i.e., marriage license) may be required.

Please remember that if you/and or your spouse have a "Qualifying Life Event" during the year, you must notify Human Resources within 30 days of the event. This would include, but not limited to, marriage, divorce, spouse loses/gains eligibility under their employer's plan. For example, if your spouse is currently not eligible for their employer plan and they become eligible during the year, you must notify Human Resources and your spouse MUST elect their employer plan.

Employee Signature: _____ Date: _____