

# SPOUSAL EMPLOYMENT VERIFICATION FORM

## Section A: EMPLOYEE & SPOUSE INFORMATION

Employee Name (print): \_\_\_\_\_ UID#: \_\_\_\_\_

Spouse Name (print): \_\_\_\_\_ Spouse SSN (Last 4): \_\_\_\_\_

## Section B: SPOUSE EMPLOYMENT STATUS

<p><b>Employed full or part-time</b> (outside of Wright State), proceed to Section D for the employer certification or to bypass Section D, you can self-elect secondary coverage for your spouse below.</p> <p>I wish to elect <b>secondary coverage</b> for my spouse through Wright State. Section D is not required, proceed to Section C.</p> <p><b>Employed by Wright State full or part-time</b>, proceed to Section C.</p>	<p>Not Employed</p> <p>Self-Employed</p> <p>Retired</p> <p>If your spouse falls into any of the above categories, proceed to Section C.</p>
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## Section C: DECLARATION STATEMENT

I attest that the information above is true and accurate. If my spouse's employment or medical insurance coverage status changes in the future, I understand that I am responsible for contacting HR and completing the appropriate paperwork within 31 days of the change. I certify the above completed information is true and correct to the best of my knowledge and understand that any misstatement constitutes fraud and may result in termination of benefits and/or employment.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section D: EMPLOYER CERTIFICATION

I, \_\_\_\_\_ as the spouse of a Wright State employee, authorize a representative of my employer to disclose the following information to Wright State University's HR Department for the purpose of medical insurance status verification.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Does the company provide medical insurance to employees?  Yes  No If no, skip questions 2-4.
- Is the above-named spouse eligible for your group medical insurance?  Yes  No If no, skip questions 3-4.
- Does the least expensive plan (single coverage) available to the spouse exceed 9.02% of their W-2 wages for the calendar year according to the Affordable Care Act?  Yes  No
  - If no, the above spouse is **NOT** eligible for primary coverage on Wright State's medical plan and must enroll in your plan.
  - If yes, the named spouse is eligible for primary coverage with Wright State. Skip question 4.
- Provide the effective date of the above-named spouse's medical coverage under your plan.     /     /

Employer Name: \_\_\_\_\_

Printed Name and Title of Company Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

*The information in Section D(1) – D(4) is true and correct to the best of my knowledge.*

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Spousal Insurance Coverage Policy

The objective of the Spousal Insurance Coverage Policy is to recognize all forms of health coverage that may be available to a participating employee's family. In the event a spouse is employed and has access to health insurance coverage through their employer the Policy positions the other employer to be the primary payer of their own employee's medical claims if the coverage is deemed affordable according to the Affordable Care Act (ACA).

Please note: All employees who desire to enroll a spouse on their Wright State medical plan as primary or secondary coverage are required to submit a Spousal Employment Verification form. Additionally, this policy does not impact your spouse's eligibility for dental and vision insurance, health savings and flexible spending accounts, dependent life insurance, tuition remission, or employee assistance program.

The verification process determines the status of your spouse in one of 3 categories:

- A. Spouse is employed and **eligible** for primary coverage through their employer-sponsored plan
  - B. Spouse is employed and **not eligible** for primary coverage through their employer-sponsored plan
  - C. Spouse is unemployed, self-employed, retired, and eligible for or enrolled in Medicare, Medicaid, or Tricare
- A. If your spouse is employed and **eligible** for primary coverage through their employer-sponsored plan (outside of Wright State), and the coverage is affordable as deemed by the ACA, your spouse must enroll in their employer's medical plan as primary coverage. You can enroll your spouse on your Wright State medical plan as secondary coverage or waive coverage for your spouse.
- B. If your spouse is employed and **not eligible** for primary coverage through their employer-sponsored plan (outside of Wright State), you may enroll your spouse on your Wright State medical plan as primary coverage.
- C. If your spouse is unemployed, self-employed, retired, and eligible for or enrolled in Medicare, Medicaid, or Tricare, you may enroll your spouse on your Wright State medical plan as primary coverage.

If both you and your spouse are employed by Wright State, you may enroll your spouse on your Wright State medical plan as primary coverage. If enrolling jointly, the spouse with the highest annualized salary is required to be the policyholder.

### Submission Deadlines:

- During the benefits open enrollment period: **November 21**
- New Hires: **Within 31 days of hire**
- Qualifying Events: **Within 31 days of the event**

### Submission Options:

- **In-person:** Human Resources, University Hall, Suite 203
- **Secure Fax:** (937) 775-3040
- **Secure File Share Upload:** [https://raidermailwright.sharepoint.com/:f:/s/SecureFileShare-  
HR/EpG5oYBLiBFiUJ7dRppMBcBSAW63kwU4\\_4QpqIGHtNkEA](https://raidermailwright.sharepoint.com/:f:/s/SecureFileShare-HR/EpG5oYBLiBFiUJ7dRppMBcBSAW63kwU4_4QpqIGHtNkEA)

For additional information including frequently asked questions, please visit <https://www.wright.edu/human-resources/benefits> or email the benefits team at [hr-benefits@wright.edu](mailto:hr-benefits@wright.edu).