



Affidavit of Spouse Healthcare Coverage

CPS Employee Name: _____ Spouse Name: _____

Employee SSN: _____ or Employee ID# **09** _____

The Affordable Care Act requires all employers to provide health insurance coverage to their own employees as well as their dependent children up to age 26. The Act does not require employers to provide health insurance for the spouse of an employee. Chesapeake Public Schools (CPS) wishes to gather information in order to determine the number of covered spouses on the CPS plans who may be eligible for coverage with their employer. We are requesting certain information on your spouse who currently has coverage on your CPS health insurance plan.

Please complete this affidavit in its entirety.

SECTION I: Spouse Employment Information

1. Is your spouse employed? YES _____ NO _____

If Yes, please indicate name and contact number for spouse's employer

Spouse's Employer _____ Employer's Phone Number _____

If NO, please check the appropriate box and GO TO SECTION III

If YES, please check the appropriate box in Question #2

2. Is your spouse eligible for enrollment in health care benefits through his/her employer?

Medical: YES** _____ **NO** _____ **Dental: YES**** _____ **NO** _____

**If you answered YES to Medical and Dental in question #2, please skip Section II and GO TO SECTION III

If you answered NO for Medical and/or Dental in question #2, please GO TO Section II

If you are indicating that your spouse is not eligible for coverage (medical and/or dental) through his/her employer, SECTION II must be completed by his/her employer to confirm that your spouse is not eligible for coverage as you have indicated.

SECTION II: Certification of Spousal Employment

Please have your **spouse's employer** complete this section in reference to his/her health insurance **ONLY if you checked NO in question #2 above for medical or dental.**

1. Is the information provided in SECTION I accurate? YES _____ NO _____

If No, what information is inaccurate? _____

2. Name of Spouse's Employer _____

Address _____

City _____ State _____ Zip Code _____

Name of Representative (Print) _____

Signature of Representative _____

Title (Print) _____ Phone: () _____

SECTION III: Acknowledgement – must be signed by the employee of Chesapeake Public Schools

I certify under penalty of perjury, that the foregoing is true and correct. I understand as an employee that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

Chesapeake Public Schools Employee Signature _____ Date _____