



## Affidavit for Spouse Healthcare Coverage/Spousal Surcharge

CPS Employee Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Are you still married?: YES \_\_\_\_\_ NO \_\_\_\_\_

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) charges \$500 per year surcharge for any spouse who elects to participate in a CPS health plan while being eligible for coverage under their employer's plan.

**Please complete this affidavit in its entirety.**

### SECTION I: Spouse Employment Information

1. Is your spouse employed? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please complete SECTION II and SECTION III.

If NO, please complete SECTION III.

### SECTION II: Certification of Spouse's Eligibility for Health Insurance with Spouse's Employer

Please complete this section in reference to his/her health insurance.

1. Is the above-named spouse eligible for health insurance benefits under any health plans offered by their employer?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Name of Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

**I certify that the foregoing is true and correct. I acknowledge that periodic audits will be conducted to ensure only eligible dependents are covered under any CPS health/dental insurance plan. It may be necessary for me to provide additional documentation if I am selected for an audit. I understand if I am covering or have covered the above-named person as a spouse on a CPS health/dental insurance plan and they are/were not eligible for coverage under the CPS plan as a spouse, I may be legally responsible for reimbursement of any and all claims paid by Anthem on my spouse's behalf. I understand that if my spouse is/was eligible through their employer and I have not been charged the annual spousal surcharge, I will be responsible for the spousal surcharge for the amount of time my spouse was covered and eligible under their employer's plan. I understand as an employee that falsification of information or certifications on this Affidavit may lead to disciplinary action, up to and including discharge from employment.**

Chesapeake Public Schools Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed form to the Financial Services Office**