

Union County Health Insurance Annual Eligibility Certification for Plan Year 2025 Spousal Eligibility Certificate

Union County's Coordination of Benefits requires spouses of covered employees to join their Employer's group health plan for primary coverage where such availability to coverage exists. Participation of spouses in the County's CEBCO health insurance program is limited to the instances described below. Employee requests to add their spouse to their health insurance will not be considered until this Certificate is completed in its entirety and returned to the Human Resources Department during open enrollment of each year.

Union County Employee Name: _____
(print)

Department Name: _____ Phone: _____

Please check the one item that qualifies the employee's spouse as eligible for coverage as a dependent on Union County's Health Insurance Plan:

- 1. My spouse is *self*-employed and does not currently have access to a group medical plan.
- 2. My spouse is employed and my spouse's Employer does NOT offer medical coverage for my spouse or my spouse does not meet his/her Employer's medical insurance eligibility requirements.
- 3. My spouse is also employed by Union County.
- 4. My spouse is not employed.

AFFIDAVIT: I understand that my spouse must meet the eligibility requirements to qualify for enrollment as my dependent in the Union County Health Insurance Benefits Plan. I attest that the facts above are true and correct to the best of my knowledge and indicate this by my signature below. I understand that if my spouse's coverage status changes, it is my obligation to inform the Human Resources Department within 30 days of any change. Any false statements as it relates to this information shall be considered grounds for disciplinary action.

Employee's Signature: _____ Date: _____

If Item 2 above is checked above, the county employee, spouse and spouse's Employer shall complete Side 2 of the Certificate in order for the employee's request for spousal coverage to be considered.

