Spouse Medical Plan Eligibility Verification Form

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Employee/Retiree Information

Last Name	First Name	MI	Employee ID#	DOB
			_ _ _ _ _	____/____/____

Spouse Information

Last Name	First Name	MI

Spouse Eligibility

1. A spouse must be lawful spouse
2. A spouse must not be eligible for his/her own employer group coverage (if your spouse's employer coverage meets the "affordable and minimum essential services" requirements under the Affordable Care Act (ACA))
3. If a spouse has a different last name from the employee/retiree, a copy of the marriage license must be submitted with this certification if electing to remain/enroll on the city's medical plan

Required Information

Spouse Medical Coverage

1. **Is the above-named spouse employed?**
   - ☐ **Yes.** Enter Name of Employer: _____ Continue to #2
   - ☐ **No.** Spouse *is* eligible for coverage on city's medical plan. Please skip to Employee Certification section below.
2. **Is the above-named spouse eligible for group medical coverage through his/her employer?**
   - ☐ **Yes.** Continue to #3
   - ☐ **No.** Spouse *is* eligible for coverage on City's medical plan. Please skip to Employee/Retiree Certification section below.
3. **Does, or will, the above-named spouse's employer medical coverage meet the Affordable Care Act requirement of being "affordable with the minimum essential services?"** *This information can be obtained from your spouse's employer Medical Insurance Marketplace Coverage Notification, Section B.*
   - ☐ **Yes.** Your Spouse is not eligible for the city's medical plan. Please stop and sign here: _____. **There is no need to sign the Employee/Retiree Certification section below.**
   - ☐ **Yes;** however, I am a Line of Duty (LOD) employee/retiree who qualified for LOD benefits and I am receiving benefits from the Commonwealth of Virginia. At the time of injury, my spouse was enrolled. Spouse *is* eligible for coverage on the city's medical plan. Please skip to Employee/Retiree Certification section below.
   - ☐ **No.** Spouse *is* eligible for coverage. You **MUST** provide a copy to the Human Resource Management Department of the **Medical Insurance Marketplace Coverage Notification** from your spouse's employer that indicates coverage does not meet affordability and minimum essential services. Please continue to the Employee/Retiree Certification section below.

Employee/Retiree Certification

I certify that the spouse named above is my lawful spouse. I understand that I must provide a copy of my marriage certificate if my spouse's last name is different than my own. I certify that if I become divorced from the individual that I will notify Human Resource Management **within 31 calendar days following the event date** to remove the individual and any children that are no longer my legal dependents as a result of divorce.

I certify that my spouse is *NOT* eligible, for group medical coverage through his/her employer that meets the affordability and minimum essential services or that my spouse is covered under Line of Duty (LOD). I further certify that if my spouse later becomes eligible for group medical coverage through his/her employer, I am responsible for notifying Human Resource Management **within 31 calendar days following the date of eligibility**. If my spouse loses eligibility for the city's medical coverage, I understand that my spouse will be removed from my medical plan at the end of the month, prior to the coverage effective date with his/her employer.

I understand this form must be completed and submitted with any other required documentation, (if applicable) in order to cover my spouse on the medical plan of the city of Portsmouth.

By signing below, I attest that all information provided is accurate and fully understand the spouse eligibility requirements. Failure to provide true and correct information, or failure to report a change in eligibility of a spouse, may result in termination of employee/retiree's medical coverage with the city (as well as any covered dependents), and for employees, he/she will be reported to Human Resource Management for further disciplinary action in accordance with the Employee Standards of Conduct.

_____ _____

Employee/Retiree Signature Date