



Working Spouse Coverage Verification/Change Form

When an NKU employee chooses to cover their spouse under the NKU healthcare plan and their spouse has coverage available to them through their employer, an additional \$25 per month (\$300 per year) is added to the medical premium.

If you choose to cover, or need to switch between the surcharge/non-surcharge plans due to a change in your spouse's employment, please place an X in the box for the provision that applies and record the effective date of the change as applicable:

- 1. Your spouse is/has become employed at NKU
- 2. Your spouse is/has become self-employed
- 3. Your spouse is/has become not employed
- 4. Your spouse is employed but is/has become ineligible for coverage through their employer
- 5. Your spouse is/has become employed and eligible for coverage; please enroll in the NKU + Surcharge plan

Effective Date of Change:

If you placed an X in numbers 1-3 above, you qualify for the plan without surcharge. Please return the form with both signatures and no further action is required.

If you placed an X in number 4 above, verification from your spouse's employer providing proof that he or she is not eligible for healthcare benefits must be obtained. **You must provide one of the following:**

- 1. A letter from your spouse's employer on company letterhead that explains the reason for their ineligibility, or
- 2. The attached form, completed by your spouse's employer or HR representative.

The deadline for verification from your spouse's employer is **45 days past your benefit start/change date**. An email will be sent to your NKU email address once we have received the required documentation from your spouse's employer. If we have not received verification within the given timeframe, and you have elected to cover your spouse, you will be charged the \$25 surcharge until such verification is provided.

Return this form within 45 days of the start/change date of your benefits:

Northern Kentucky University
 Human Resources: Stephanie Huber
 Lucas Administrative Center 708
 Highland Heights, KY 41099
 Fax: (859)572-6998
 Email: hubers1@nku.edu

Violation of this eligibility clause may result in retroactive cancellation of your spouse's coverage and/or termination of employment.

Employee name:	Employee signature (<i>required</i>):	Date:
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Spouse name:	Spouse signature (<i>required</i>):	Date:
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This form must be completed and signed by **spouse's employer**

Your spouse's name	Date
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Northern Kentucky University's healthcare plan allows for spouses of employees to be covered by NKU's medical insurance at a lower rate in cases where the spouse's employer does not offer them coverage. We have been informed that a spouse of an NKU employee is one of your employees and was not offered health insurance.

Please verify by providing the following data, and signing.

Employer name:

Is the employee listed above currently eligible for medical insurance provided by you, the employer? If no, please explain.

YES
 NO

Name, Address, and Phone Number of representative completing this form:

Representative's signature:	Date
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Return the completed form to your employee, or mail to:

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Email: hubers1@nku.edu