



Working Spouse Coverage Verification 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 \$70 per month (\$840 per year) is added to the medical premium.

If you are covering your spouse under NKU's healthcare plan and not paying the additional surcharge, please place an X in the box for the provision that applies, and sign below:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Please change your enrollment to the NKU + Surcharge plan |
| <input type="checkbox"/> | 2. Your spouse is employed at NKU and eligible for benefits at NKU |
| <input type="checkbox"/> | 3. Your spouse is not employed or is self-employed |
| <input type="checkbox"/> | 4. Your spouse is employed but is not eligible for coverage through their employer |

**** If selecting #1, no spouse signature is required.***

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
Spouse name:	Spouse signature (<i>required*</i>):	Date

If you placed an X in numbers 1-3 above, return the form 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**. If we have not received verification within the given timeframe, and you have elected to cover your spouse, you will be charged the \$70 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

hubers1@nku.edu

Please direct all questions to Stephanie Huber via email, at hubers1@nku.edu



This form must be completed and signed by your **spouse's employer**

Name (NKU employee's spouse):	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 but was not offered health insurance.

Please verify by providing the following data, and signing.

Employer Name:

Is this employee 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 send to:

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