

Insurance eligibility and verification

The Washington Conference is pleased to offer health care for their employees and eligible family members. The following are the eligibility requirements. This form should be completed each year to continue coverage for eligible spouses.

Eligible Participants:

- **Full-time employee**
- **Employees who are regularly scheduled to work 30 or more hours a week.**
- **Children until their 26th birthday.** If your spouse also has insurance through their employer, then the Birthday Rule applies: whichever parent's birthday falls earlier within the calendar year, that spouse needs to provide primary coverage through their health care plan. For example: if the Washington Conference employee's birthday is in June and their spouse's birthday is in January, then the dependent children's primary health care should be provided through their spouse's plan. Secondary coverage can be provided by the WC employee. (Note: Children's pregnancies at any age are not covered)
- **Unemployed spouses not eligible for Medicare.**
- **Working spouses** who are not offered insurance through their own employer **AND** earns less than 2/3 of the WC employee's gross earnings.

Buy-in Option for working spouses:

- Working spouses whose gross earnings are 2/3 or more of the WC employee's gross earnings **AND** don't have access to health care coverage through their employer may purchase health care coverage through the Washington Conference.

Employee's gross earnings \$ _____ X .67(2/3) = \$ _____ (1)
 Spouse gross earning \$ _____ (2)

If line 1 is more than line 2 = No extra cost to employee.
 If line 2 is more than line 1 = Buy-in cost applies.

For a spouse to receive continuing health care coverage, verification of eligibility needs to be submitted each year. **Documents to be submitted:**

- Spouse's most recent pay stub
- A copy of the most recent household tax return

Return below portion with documents to HR department by **December 15, 2017**

CERTIFICATION: (Please check one)

- My spouse is unemployed and not eligible for Medicare.
- My spouse is unemployed and eligible for Medicare.
- My spouse is employed, and has coverage available through his/her employer.
- My spouse is employed, but does not have coverage available. **(Please include verification, see above)**

Signature

Date

Print name