

Working Spouse Premium Election Form

The Working Spouse Premium applies if you elect to cover a spouse/domestic partner on your Benelect medical insurance plan who has access to group health insurance coverage through another employer. The premium offsets the university's cost to provide health insurance to those spouses/domestic partners who could obtain coverage from another employer.

Employee Name (please print)

Employee ID

- ☐ **Yes**, my spouse/domestic partner has access to group health insurance coverage from another employer. I understand that a \$150 per month premium will be charged for covering him/her on my Benelect medical insurance plan.
- ☐ **No**, my spouse/domestic partner does not have access to group health insurance coverage from another employer because he/she *(please check one)*:
- ☐ is unemployed
 - ☐ is self-employed
 - ☐ is employed, but does not qualify for or is not offered group health insurance coverage
 - ☐ is employed in a benefits eligible position by Case Western Reserve University
 - ☐ is retired
- ☐ My spouse is gaining medical outside of Case and I would like to stop having the \$150.00 premium charged

A Change of Status and proof of gain of coverage is attached

This Election is effective as of _____ / _____ / _____

I certify that to the best of my knowledge my election is an accurate reflection of my personal facts and circumstances. I understand that any false statements made on this form as it relates to spousal health insurance information can lead to disciplinary action. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify Benefits Administration within 30 days of such change.

Signature

Date

***Return completed form to
HR Service Center, 320 Crawford Hall, LC 7047***

FOR BENEFITS ADMINISTRATION USE ONLY

Benefits Representative Signature _____

Date _____



**CASE WESTERN RESERVE
UNIVERSITY**
Department of
Human Resources