

**ALTERNATIVE COVERAGE IDENTIFICATION FORM FOR THE
CITY OF XENIA'S HEALTH PLAN**

Employee Name _____ Start Date: _____

Department _____ Phone # _____

Check the box that best describes your situation:

- I have no spouse;
- My spouse/dependent is employed by City of Xenia;
- My spouse is not eligible for any medical coverage through his/her employer;
- My spouse is eligible for medical coverage through his/her employer; or
- My spouse does not work.

If your spouse is eligible for employer group health insurance you must meet with EMS to determine if you are subject to the \$200 Working Spouse Surcharge.

Spouse's / Dependent's Name _____

Spouse's / Dependent's Employer _____

You may be subject to the Working Spouse Surcharge. The \$200 per benefit pay Spouse Surcharge **will automatically be applied beginning 30 days after your eligibility effective date until this form is completed, returned and you meet with an Enrollment Management Services team member.** You are obligated to complete and file a new form if there is a change to your alternate insurance eligibility status. If you fail to properly complete this form, Xenia may recover the full amount of insurance premiums paid on behalf of your spouse/dependent, and/or hold you responsible for the cost of any and all claims associated with your spouse/dependent. If it is determined that you provided false information, you may be subject to disciplinary action up to and including termination from employment.

Employee Signature

Date

RETURN FORM TO EMS:

Attention Tracy: either via fax 513.978.5951 or tracy@enrollmentmanagementservices.com.