

City of Roswell

Healthcare Spousal Surcharge Affidavit

Employees who are found to have made fraudulent statements in their City of Roswell Health Care Spousal Surcharge Affidavit may be subject to disciplinary actions up to and including termination under the Human Resources Policy and Procedures Manual, Chapter XIII - Disciplinary and Appeals Procedures, Section 13.1.7, Falsification of City Records.

Employee Name (Please Print) _____ Dept. _____

Type of Health Benefit Coverage: Employee + Spouse Family (Check one)

As the cost of health care increases, the City of Roswell has remained committed to providing excellent health care for our employees. Because the City's benefits are excellent and the fact that our insurance is offered at a low cost, we insure many spouses that are offered their own health insurance through their employers.

The following form imposes a surcharge for any employee whose spouse has chosen insurance coverage through the City of Roswell and elected to decline coverage at their own company.

With a spousal surcharge, an employee will be required to pay an additional cost to cover a working spouse who has the option to elect health coverage at his or her employer and has declined the coverage.

I certify that my spouse is not eligible to enroll in his or her plan or is not employed. I understand that I will not be required to pay the spousal healthcare surcharge.

I certify that my spouse has declined healthcare coverage through his/her employer and wishes to enroll in the City of Roswell's healthcare insurance. I understand that I will be charged a \$50.00 premium surcharge for my spouse's health insurance coverage per bi-weekly pay period. (A spousal surcharge will apply only if the spouse declines coverage with his/her employer when eligible).

I certify my spouse is enrolled in his or her employer's plan and wishes to enroll in my plan at the City as well, thus the surcharge will not apply. Coordination of benefits provisions allow for this because the spouse's primary coverage is the plan that covers the spouse as an employee.

My signature indicates that the information on this form is true and correct. I further understand that submitting false information to my employer is grounds for immediate termination of employment.

Employee's Signature: _____ Date: _____