**New: Working Spouse Exclusion**

**NEW: Working Spouse Exclusion**

*Working spouse exclusion, effective January 1, 2017, if your spouse is employed and has access to medical coverage through his/her employer, they are no longer eligible for coverage under Pasco County Schools’ group medical plan.*

If your spouse does not work, works only part-time, is not eligible for coverage or has lost coverage as an active employee but has been offered cobra, the spousal exclusion does not apply. If your spouse is covered by Medicare, the exclusion does not apply.

If your spouse experiences a qualifying life event (loss of job or loss of coverage, etc.) during the year, he or she can be added to your medical plan within 30 days of the qualifying event. For additional information, call Employee Benefits at extension 4-2376 or (813) 794-2376; (727) 772-2376; or (352) 524-2376.

If you designate your spouse as a dependent to be enrolled in Pasco County Schools’ group medical plan, a waiver form will be sent to you requesting verification of their ineligibility for coverage under their employer’s medical plan. If you do not complete and return the waiver form, your inaction will deem your spouse ineligible for coverage. If deemed ineligible for coverage, your spouse will be removed from Pasco County Schools’ group medical plan.

The “Working Spouse Waiver” does not affect your option to enroll your spouse in voluntary benefits such as dental, vision or other applicable voluntary benefits.

**Policy Exemption:**

- If you and your spouse are both employed by Pasco County Schools, you are not subject to this policy.
- If you are enrolling in family coverage (employee plus spouse and children), you are not subject to this policy.

*Pasco County Schools reserves the right to verify the validity of information provided.*
Spousal Waiver

District School Board of Pasco County
WORKING SPOUSE WAIVER FORM

Date: ___________________________    Employee ID: _______________________

Employee: _________________________    Spouse Name: ________________________

You MUST complete this form if you are enrolling your spouse in Pasco County Schools’ medical plan.

If your spouse is eligible for medical coverage under another employer’s plan, your spouse is NOT eligible for the waiver and cannot enroll in Pasco County Schools’ group medical plan. If you do not complete and return the waiver form, your inaction will deem your spouse ineligible for coverage. If deemed ineligible for coverage, your spouse will be removed from Pasco County Schools’ group medical plan.

The “Working Spouse Waiver” does not affect your option to enroll your spouse in voluntary benefits such as dental, vision or other applicable voluntary benefits.

Instructions to complete form:
Please complete and return this form to request a waiver of the “working spouse” medical coverage policy to the Employee Benefits Office.

Section I – Employee Certification

Is your spouse employed?    ☐ Yes*    ☐ No    If no, please check the appropriate box:
☐ Self-Employed    ☐ Not Employed    ☐ Retired

*If you answered yes, your spouse must take this form to his or her employer for completion of Section II.

Section II – Working Spouse Employer Certification (Must be completed by Spouse Employer)

Spouse Employer: _____________________________________________

1. Does your company/organization offer medical insurance to the above-named spouse?

☐ Yes    ☐ No    ☐ Spouse not eligible

Printed Name    Title    Telephone Number

Employer Representative Signature    Date

Additional Information for Consideration:

Employee Acknowledgement and Signature

I certify that the information provided here is correct and if this information changes at any time, I will notify Employee Benefits within thirty (30) days. I also understand the information on this form is subject to verification.

Employee Signature    Date

Please return form to: Employee Benefits    FAX: 813.794.2173 Email: mybenefits@pasco.k12.fl.us