District School Board of Pasco County

WORKING SPOUSE WAIVER FORM

(WORKING SPOUSE EXCLUSION)

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.

If you designate your spouse as a dependent to be enrolled in Pasco County Schools' group medical plan, you will need to submit a completed spousal waiver form verifying your spouse's 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, as long as you provide the required dependent verification documents.

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.

Employee Benefits and Risk Management
Email: mybenefits@pasco.k12.fl.us
Phone: 813.794.2253 – Central Pasco County
727.772.2253 – West Pasco County
352.524.2253 – East Pasco County

Upload this form and dependent verification documents to CBIZ.
A list of required documents and instructions on how to upload documents are available online at
http://www.pasco.k12.fl.us/ebarm/page/dependent-verification

Rev. 9/23

District School Board of Pasco County

WORKING SPOUSE WAIVER FORM

(WORKING SPOUSE EXCLUSION)

Employee Name: _____ Employee ID: _____

Spouse Name: _____ Spouse SSN: XXX-XX-_____

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.

Instructions to complete form:
Please complete and return this form to request a waiver of the "working spouse" medical coverage policy to CBIZ.

Section I – Employee Certification

What is your spouse employment status: ☐ *Employed (*works for another company or organization)*

☐ Self-Employed ☐ Not Employed ☐ Retired

**If you answered employed, 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 Name (Company/Organization): _____

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

   ☐ Yes, enrolled ☐ Yes, but employee declined benefits ☐ Medical benefits not offered

   ☐ Not eligible; If not eligible, what date will spouse become eligible for benefits? _____

_____

Printed Name (Employer Representative) Title Telephone Number

_____

Signature of Employer Representative Date

Section III – Employee Acknowledgement

I certify that the information provided here is correct and if this information changes at any time, I will notify CBIZ within thirty (30) days. I also understand the information on this form is subject to verification. 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, as long as you provide the required dependent verification documents.

_____

Employee Signature **(Must Print to Sign)** **Date**

_____

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