

Working Spouse Certification 2020 Plan Year

Please complete this certification and return it with your enrollment materials.

The University of Rio Grande (URG) implemented a Working Spouse Rule for medical coverage. Under the “Working Spouse Rule,” if your spouse’s employer offers group medical coverage, your spouse must enroll in his/her employer’s group medical plan in order to be eligible to be enrolled in URG’s group medical plan. The working spouse’s employer’s plan will be primary coverage for the spouse, and URG’s group medical plan will be secondary coverage for the spouse.

If, at any point during 2020, your spouse ceases to be eligible for his/her employer’s group medical coverage:

- If your spouse is already enrolled in URG’s group medical plan, URG’s group medical plan will become the primary coverage for your spouse; and
- If your spouse is not already enrolled in URG’s group medical plan, you may enroll your spouse in URG’s group medical plan. You have 30 days from the date of your spouse’s loss of eligibility under the spouse’s employer’s group medical plan to enroll your spouse in URG’s group medical plan. After the 30 day period, you cannot enroll your spouse in URG’s group medical plan until the next annual open enrollment period (to be effective on the first day of the next plan year) unless another event permitting a mid-year election change occurs.

Please note, the Working Spouse Rule does not apply to your children. You may enroll your eligible children in URG’s group medical plan regardless of your spouse’s or the children’s working status or eligibility for coverage under another employer’s group medical plan.

Employee Name: (Last, First, MI):

Please check one of the following options:

My spouse is unemployed or **WILL NOT BE ELIGIBLE** for group medical coverage through his/her own employer as of January 1, 2020.

My spouse **WILL BE ELIGIBLE** for group medical coverage through his/her own employer as of January 1, 2020. I understand that my spouse must elect coverage under his/her employer’s group medical coverage in order to be covered under URG’s group medical plan and the coverage under URG’s group medical plan will be secondary to the coverage under my spouse’s employer’s group medical plan.

By my signature below, I do hereby certify that the above information is true and correct to the best of my knowledge. I understand URG reserves the right to request supporting documentation and any proof as it, in its sole discretion, deems necessary in order to verify the above information is accurate. I also understand that if my spouse’s group medical coverage status under my spouse’s employer’s group medical plan changes, it is my responsibility to notify URG Human Resources within 30 days of such change. **I further acknowledge that if I enroll my spouse in URG’s group medical plan and my spouse is or becomes eligible for group medical coverage through his/her employer, I may be required to repay the cost of any claims incurred by my spouse on or after January 1, 2020 or such later date that my spouse becomes eligible for group medical coverage through his/her employer. I further understand that knowingly falsifying this certification, making any false statement or representation in connection with this certification or failing to notify URG if my spouse becomes eligible for group health coverage under his/her employer’s plan after the date of this certification is an intentional misrepresentation of a material fact that is grounds for a rescission of coverage and may result in retroactive payroll contribution adjustments and/or disciplinary action up to and including the termination of my employment.**

Employee Signature _____ Date _____