

Spousal Coordination of Benefits Policy Form for Pensioners



State of Delaware

Check the Box for your Carrier

PLEASE PRINT ALL INFORMATION REQUESTED

Highmark Delaware Aetna

Pensioner's FULL NAME - Last, First, Middle Initial		Pensioner's HOME PHONE - Include area code	
Pensioner's SOCIAL SECURITY NUMBER		Is your spouse a benefit eligible State of Delaware employee or retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPOUSE'S FULL NAME - Last, First, Middle Initial	SPOUSE'S SOCIAL SECURITY NUMBER	<input type="checkbox"/> Male <input type="checkbox"/> Female	SPOUSE'S BIRTH DATE ____/____/____

SPOUSE INFORMATION Note: If your spouse is retired; references to "Employer" below indicate your spouse's former employer and/or retiree health care coverage.

- My spouse is:** Not Employed Employed Full-time
- Employed Part-time with employer coverage Employed Part-time without employer coverage
- Self-Employed / Sole Proprietor Partner/Owner/Part Owner of Corporation (See #3 on back of form for more info)
- Retired from a non-State employer: Date of Retirement _____

NAME OF SPOUSE'S EMPLOYER OR FORMER EMPLOYER (If spouse is a benefit-eligible State of Delaware employee or pensioner, simply write State of Delaware in this box, leave all following questions blank, and **sign/date** form)

- Does your spouse's employer or former employer offer health care insurance? Yes No
- Is your spouse enrolled in health care coverage through this employer or former employer? Yes No
 - If not enrolled, what percentage of the premium of the lowest benefit employee only/retiree only plan would your spouse be required to pay? _____% **Flexible benefits and credits apply toward employer's contribution.*
- If you indicated your spouse is a business owner or partner:
 - What percentage of the premium is your spouse required to pay? _____%
 - What percentage of the plan cost do the employees pay who do not have ownership interest in the company? _____%
- If your retired spouse declined health care coverage at retirement, does the former employer permit him or her to enroll at the next enrollment period? Yes No
 - If your spouse is permitted to enroll in retiree health care coverage, what is the date of the next enrollment period? _____
- What is the name of your spouse's health insurance carrier? _____
Effective date of your spouse's coverage:
Month: _____ Day: _____ Year: _____
- Is your spouse enrolled in a Health Savings Account (HSA)? Yes No
- Is your spouse enrolled in Medicare? Yes No
- Is your spouse's health plan a Medicare Supplement plan? Yes No

ADDITIONAL COMMENTS OR EXPLANATION:

STOP! BEFORE SIGNING, PLEASE READ THE AUTHORIZATION SECTION ON THE BACK OF THIS FORM.

YOUR SIGNATURE BELOW VERIFIES THAT YOU HAVE READ AND UNDERSTAND ALL INFORMATION INCLUDED IN THE AUTHORIZATION SECTION.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT AND I HAVE READ THE AUTHORIZATION SECTION:

Pensioner's Signature: _____ **Date:** ____ / ____ / ____

AUTHORIZATION

Please read carefully the information below before signing. You are responsible for understanding the requirements of the Spousal Coordination of Benefits Policy described here, for providing verification as requested, and for the accuracy of the information in this form.

- I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers and spouses who are retired and are eligible for medical coverage through their former employers:
 1. This information will be shared with the State of Delaware's plan administrator(s).
 2. If spouses do not enroll in their own employers' (or former employers') medical coverage, the State will reduce payment to 20% of covered services provided by the retiree's State of Delaware benefit plan, and amounts not paid will be the sole responsibility of the retiree and spouse.
 3. Spouses who are partners, owners or part-owners of a corporation or company that requires a contribution of less than 50% of the premium for the lowest benefit employee-only plan available must also enroll in that coverage. If they do not do so, the State will reduce payment to 20% of covered services provided by the employee's State of Delaware benefit plan, and amounts not paid will be the sole responsibility of the employee and spouse.
 4. When spouses enroll in their own employer's or former employer's medical coverage, those plans pay their benefits first. Then the State of Delaware will pay additional covered expenses, if any, up to the maximum allowed under our employee family benefit plan, not exceeding a limit of 100% coverage from both plans combined.
- I understand that the Coordination of Benefits form must be completed in order to cover my spouse on my State of Delaware Group Health Insurance plan. The form is used to determine a spouse's eligibility to receive primary State of Delaware health benefits. Generally, the following spouses are not required to enroll in their company health benefits and may receive primary State of Delaware health benefits:
 - Spouses not working full time, **or**
 - Spouses who are self-employed/sole proprietors, **or**
 - Spouses who do not yet qualify for coverage through the employer (verification of eligibility date may be required from the employer); **or**
 - Spouses whose employer or former employer require a contribution of more than 50% of the premium for the lowest benefit employee only plan available (verification from the company may be required), **or**
 - Spouses whose employer or former employer does not offer medical coverage (verification from the employer may be required), **or**
 - Spouses who (1) retired before October 1, 2011, (2) declined medical coverage at the time of retirement, and (3) are now not permitted to enroll during the former employer's next Open Enrollment (verification may be required).

If any of this information changes, I must complete a new form within 30 days.

Please go to www.ben.omb.delaware.gov/documents/cob to read the complete Spousal Coordination of Benefits policy and view additional information regarding HSA Accounts.

Notice to all parties completing this form: To insure benefits are coordinated properly between employers, The State of Delaware will verify the accuracy of information by conducting audits, contacting you, and/or contacting your spouse's employer or former employer. It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. Providing false or incorrect information may result in disciplinary action and sanctioned payment (reduced to 20%) of claims for your spouse. Any claims that paid based on false or incorrect information will be reversed and payment will be the responsibility of the retiree.

Please sign and return the completed form to the Pension Office.