

# VALLEY VIEW SCHOOL DISTRICT 365U

801 Normantown Rd, Romeoville IL 60446 815-886-6386 fax



## SPOUSE/CIVIL UNION PARTNER HEALTH PLAN COVERAGE AFFIDAVIT

Spouses/civil union partners that **do not** have eligibility rights to any other employer health insurance plan are eligible to remain enrolled in the Valley View Health plan. In order to maintain your spouse's/civil union partner's eligibility rights and enrollment in the Valley View Health plan please complete the following:

Employee Name: _____	Employee Number: _____
Employee Social Security Number: _____ - ____ - _____ - ____ - _____	
Spouse/Civil Union Partner Name: _____	
Spouse/Civil Union Partner Social Security Number: _____ - ____ - _____ - ____ - _____	
<b>Spouse/Civil Union Partner Employment Information</b>	
Is your spouse/civil union partner currently employed? Please check the appropriate box below	
<input type="checkbox"/> Yes, currently employed	*Attach letter of non-eligibility from your spouse's employer or the Spousal Insurance Inquiry Form.
<input type="checkbox"/> Yes, currently self-employed	*Attach most recent 1040 SE tax forms.
<input type="checkbox"/> Retired	*Attach most recent tax forms or social security statement.
<input type="checkbox"/> No, not employed	*Attach most recent tax forms or unemployment statement.
Spouse/Civil Union Partner Employer's Name: _____	
Employer's HR or Benefits Contact Name: _____	Phone #: (____) _____
HR or Benefits Contact Email address: _____	
<b>Check the below box if this is a valid statement regarding your spouse/civil union partner:</b>	
<input type="checkbox"/> My spouse/civil union partner is <b>not eligible</b> for any other employer health insurance plan.	

**By signing this form you are certifying that:**

You understand the Valley View Health Plan spouse/civil union partner eligibility rights. Valley View has the right and will conduct random audits to employee insurance information. You understand that Valley View School District 365U reserves the right to request additional supporting documentation, in its sole discretion, necessary to verify the representations made in this Affidavit. You understand that if your spouse's/civil union partner's employer health insurance eligibility changes, it is your responsibility to provide written notification to the Benefits Department within 30 days of the change. **You acknowledge that if your spouse/civil union partner is enrolled in the Valley View Health plan and it is later determined that they were eligible for any other employer health plan you may be subject to appropriate and reasonable discipline according to the situation, up to and including termination, as well as financial liability for the health insurance claims paid for your ineligible spouse/civil union partner under the Valley View Health plan."**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Under penalty of perjury, you certify that the above information you provided is true and correct to the best of your knowledge. If you have any questions, please call the Benefits Department at 815-886-2700 ext 6015.

**Please return the completed affidavit to VVSD Benefits Representative at the Administration Center, 801 W. Normantown Rd, Romeoville IL 60446.**