

## SPOUSE CERTIFICATION OF ELIGIBILITY -- HEALTH INSURANCE

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City of Napoleon – Employee Name: \_\_\_\_\_

Effective January 1, 2013, the City of Napoleon will implement a “premium surcharge” for any spouse who is to be covered on the City of Napoleon health plan when they are eligible for coverage with their employer’s health plan. The amount of the “premium surcharge” will be based on employee’s date of hire. City of Napoleon employees who were hired prior to 1/1/13 will pay an additional \$50 per month to insure a spouse who is eligible for their employer’s health plan. City of Napoleon employees who were hired after 1/1/13 will pay an additional \$100 per month to insure a spouse who is eligible for their employer’s health plan. A “premium surcharge” will apply when the following exists:

- the spouse’s employer offers a group health plan; and
- the spouse is eligible for coverage under his/her employer sponsored group health plan.

When both of the above conditions are met, you will pay a “premium surcharge” to cover your spouse on the City of Napoleon health plan.

An employee of City of Napoleon who is requesting health coverage for a spouse must complete this form and return to our HR Department by December 1, 2014. Please note that a portion of this form may need to be completed by your spouse’s employer. For this reason, we urge you to forward this request to them as quickly as possible.

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### ***TO BE COMPLETED BY EMPLOYEE OF CITY OF NAPOLEON***

Is your Spouse employed? ☐ Yes ☐ No

- **If your spouse is employed, please have your spouse and your spouse’s employer complete the sections below.**
- **If your spouse is not employed, please sign below and return this form to the HR Dept.**

I understand that false statements or failure to notify City of Napoleon of my spouse’s coverage eligibility could result in denial of claims.

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

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### ***TO BE COMPLETED BY THE SPOUSE***

I authorize my employer to release the below requested health plan information to the City of Napoleon.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

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***TO BE COMPLETED BY SPOUSE'S EMPLOYER***

Regarding eligibility for group health coverage, please answer the questions below:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is the Spouse named above employed by your Company?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the person named above as "Spouse" eligible for your health insurance coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the person named above as "Spouse" covered by your health insurance plan?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does your health insurance plan have an "open enrollment" period?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If so, when is your "open enrollment" period: \_\_\_\_\_

Please note that effective January 1, 2015, an additional premium will be charged to City of Napoleon employees who insure a spouse that is eligible for health coverage on their employer's group health plan. A "premium surcharge" will apply when:

- the spouse's employer offers a group health plan; and
- the spouse is eligible for coverage under his/her employer sponsored group health plan.

***Authorized Employer Contact Information: (Please Print)***

Name & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please return this information to:

City of Napoleon  
Attn: Human Resource Department  
255 West Riverview Avenue  
Napoleon, Ohio 43545  
Phone: 419.592.4010  
Fax: 419.599.8393  
Email: mdruhot@napoleonohio.com