Summary of Spousal/Civil Union Partner Surcharge and Spousal/Civil Union Partner Eligibility

Effective January 1, 2015, the district initiated that a Spousal/Civil Union Partner Surcharge of $175.00 per month ($80.77 per payroll based on 26 pays or $105.00 per payroll based on 20 pays) would be assessed for your enrolled spouse/partner if he or she is eligible for medical coverage through his/her own employer which is deemed to meet the Affordable Care Act's essential benefits and minimum value requirements. This surcharge is in addition to the regular premium paid for district medical coverage for you and your spouse/partner/family. Eligibility for a surcharge waiver is determined by the Benefits Department upon submission of the completed affidavit. If no affidavit is received, the employee will automatically incur the surcharge. The surcharge does not apply to coverage for dependent children.

Spouse is defined as an individual who is recognized as a legal husband or legal wife of a Participant under the Family Medical Leave Act and who is covered by the Plan.

Civil Union Partner is defined as an individual who is recognized as the partner of a Participant under the Civil Union Act of the State of Illinois and who is covered by the Plan.

Affidavit Requirements:

Participants covering a spouse/civil union partner are required to complete this form each year during the Annual Benefits Enrollment period. Upon request, participants must furnish satisfactory proof to the Benefits Department that conditions as reported on this form exist. Participants must inform the Benefits Department within 31 days if spouse's/partner's health insurance eligibility status changes.

For the 2023 Annual Benefits Enrollment period, all employees with a spouse/civil union partner enrolled in a District 203 health plan effective January 1, 2023 *(including a spouse that works for District 203*), must complete the spousal affidavit and return it to the Benefits Department by the end of business on November 30, 2022.

If an employee experiences an IRS recognized life change event that results in the gain or loss of a spouse's eligibility for coverage, the employee must submit an updated affidavit to the Benefits Department within 31 days of the life event date.

Submit spousal affidavit form to:

Certified Staff/Administrators: Michelle Wavering, mwavering@naperville203.org, (630) 420-6325
Non-certified Staff: Danette Pietrarosso, dpietrarosso@naperville203.org, (630) 420-6327

FOR ANNUAL ENROLLMENT ONLY: Surcharges will begin with the first payroll in January if this form is not received by the Benefits Department by November 30, 2022.

Naperville 203
Community Unit School District

Human Resources

2023 Plan Year Spousal Affidavit

Complete and return to the Benefits Department within 31 days of a qualifying life event date.
For Annual Enrollment Only: Surcharges will begin with the first payroll in January if not received by November 30, 2022.

PART 1: EMPLOYEE - ***The District 203 employee must complete this section in full.***

Employee Name:_____ Position:_____

Employee ID#:_____ Spouse/Partner's Name: _____

REVIEW AND CHECK ONE BOX:

I am legally married or a partner under the Illinois Civil Union Act. My spouse/civil union partner is:

☐ a District 203 employee and is a dependent on my insurance. (Skip to Part 4)

☐ eligible for benefits through his/her employer and I prefer *not* to have my spouse's/partner's employer complete this form. I understand that I will incur the surcharge for the 2023 Plan Year. (Skip to Part 4)

☐ actively employed. To be considered for a waiver, the **spouse's/partner's employer** must complete Part 2, employee signs Part 4. If self-employed, spouse will complete Part 2, employee will complete Parts 3 and 4, and provide appropriate documentation as listed in Part 3.

☐ not actively employed. To be eligible for a waiver, skip to Parts 3 and 4.

PART 2: EMPLOYER for SPOUSE'S/CIVIL UNION PARTNER listed above
Please ask the EMPLOYER of your spouse/partner to complete this section in full.

Name of Spouse's Employer: _____

Address of Spouse's Employer: _____

Is the person listed as "Spouse/Civil Union Partner" in Part 1 above <u>Currently Eligible</u> for coverage under your group medical plan, or will be in the next 3 months? Yes _____ No _____

If 'No,' please explain (i.e., medical insurance not offered; he or she lost benefits on (date) due to a layoff, disability, reduction in hours; he or she is not in an Eligible Class; etc.):

_____

If 'Yes'

Does your medical coverage meet the minimum essential value as defined by the ACA? Yes ____ No _____

Do you intend your coverage to be affordable as defined by the ACA? Yes _____ No _____

If newly eligible, what is his/her benefit eligibility date? _____

When is your Open Enrollment Period and effective date? _____

Authorized Signature of Spouse's Employer*:* I certify that the above information is accurate, current and complete to the best of my knowledge.

_____	_____	_____
Signature of Employer Representative	*Title (Print)*	*Date*
_____	_____	_____
Printed Name of Employer Representative	*Direct Telephone Number*	*E-mail Address*

PART 3: DOCUMENTATION NEEDED TO WAIVE SPOUSAL/CIVIL UNION PARTNER SURCHARGE

The following types of documentation are necessary to prove that the spouse/civil union partner meets the requirements for the Spousal Surcharge waiver. Please attach ALL applicable documentation to the completed form.

- ☐ Proof of termination of employment from most recent employer or enrollment for unemployment compensation
- ☐ Page of most recent Federal Tax Return showing occupation as "homemaker," "retired" or similar title.
- ☐ If self-employed, accepted documentation includes Federal Tax Return showing self-employment tax paid, 1099, Schedule C, S Corp or most recent 1095C indicating non-eligibility for benefits.

PART 4: EMPLOYEE'S SIGNATURE

This section must be signed and dated by the District 203 employee.

I certify that all information provided above is accurate, current and complete to the best of my knowledge. I understand that if I willfully, and with the intent to defraud or deceive, file false, incomplete or misleading information, I may be subject to discipline up to and including termination.

I understand that the Plan has the right to contest the validity of any participant's coverage at any time and the Benefits Department has the right to verify any coverage eligibility information with my spouse's/partner's employer. If my spouse/partner is determined to be eligible for, but has declined, medical coverage through his/her employer, I may be required to retroactively pay the $175 monthly surcharge and I may be subject to discipline up to and including termination.

I understand that if a change in the status of medical coverage for a spouse/partner occurs (i.e., he or she becomes eligible for or loses coverage under another employer's group plan); I must notify the Benefits Department within 31 days of the change. If premiums are reduced or discontinued due to such a change, there will be no refund of the previous deductions taken if the Benefits Department is not notified within 31 days of the change. If a participant is found not eligible for coverage under the Plan, his or her coverage would be terminated retroactive to the last date he or she was eligible. The Plan also has the right to recover from any participant any payments made by the Plan in error.

I understand that Naperville Community Unit School District 203 reserves the right to change, amend or discontinue any plan at any time, with or without notice, in response to prevailing business conditions.

If Part 2 indicates employee is in a Civil Union Partnership:

My Civil Union Partner listed in Part 2 does not meet the definition of "dependent" under the Internal Revenue Code however I want to provide spousal coverage under the District's health insurance plan for him/her. I understand that employer-provided benefits for civil union partners are not entitled to favorable tax treatment under federal tax law. I acknowledge that employer contributions for civil union partner benefits will be included in my income for federal tax purposes and that those employee contributions for civil union partner benefits cannot be made on a pre-tax basis.

Important to Note: *The law provides for severe penalties for any person who willfully and with intent to defraud or deceive, files false, incomplete or misleading insurance information.*

_____ _____

District 203 Employee Signature *Date*