

IBEW LOCAL 613 AND CONTRIBUTING EMPLOYERS FAMILY HEALTH FUND

3715 Northside Parkway, Suite 2-495 • Atlanta, GA 30327
2010 N.W. 150th Avenue, Suite 100 • Pembroke Pines, FL 33028
1.800.922.1613 • Fax 678.705.0205

EMPLOYER SPONSORED HEALTH COVERAGE VERIFICATION

****SECTIONS 3 & 4 MUST BE COMPLETED BY THE EMPLOYER ****

*The IBEW Local 613 and Contributing Employers Family Health Plan only provides secondary coverage to spouses whose employer offers group health benefits – regardless of whether or not the spouse is actually enrolled in his/her employer-sponsored health plan. In order to be covered under the Family Health Plan, the spouse must have this form **completed by his/her employer** in full and submit it to the Plan. The employer may be contacted to verify the information shown herein.*

1. EMPLOYEE (SPOUSE'S) INFORMATION

Spouse First Name		Middle Initial		Last Name	
613 Participant First Name		Middle Initial		Last Name	
Address				Phone Number	

2. SPOUSE'S EMPLOYER INFORMATION

Name of Employer - Please insert "Not employed" if your spouse is a non-working spouse.					
Employer Address	City		State		Zip

3. SPOUSE'S GROUP HEALTH INFORMATION (To be completed by Employer - see back of page for instructions)

Does this Employer offer Health Benefits? *	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If so: Is the person named above as Spouse eligible for such medical coverage? Please note that "eligible" means that coverage has been <u>offered</u> and does not require that the Spouse has elected to enroll in such coverage.	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is the person named above as Spouse <u>enrolled</u> in such medical coverage?	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If <u>not enrolled</u> : Does the amount that the Spouse would have to pay as an employee co-premium for self-only coverage exceed 9% of the Spouse's gross wages?	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If the Spouse's employer <u>does</u> offer employer-sponsored medical coverage, but the Spouse is <u>not</u> eligible for such coverage, please provide a brief description of why he/she is not eligible (i.e., waiting period, works in ineligible job position or status). If the reason is due to a waiting period, please provide the first date on which the employee would be eligible for such coverage.		
Description of why not eligible:		
*This includes benefit plans for which there is an employee premium or payroll deduction, but does not include coverage where 100% of the premium is paid by the employee, with no employer contribution.		

4. EMPLOYER SIGNATURE – by signing below, the Employer certifies that the information shown in Section 3 is true and correct.

Employer Signature		Date	
Employer Name		Title	
Telephone Number		Email	

You may return your form by one of the following methods: Mail: 2010 N.W. 150th Avenue, Suite 100 • Pembroke Pines, FL 33028, Fax: 678-705-0205 or you may provide an electronic response via encrypted email. If you wish to send an encrypted email response and do not have the means to do so, please visit <https://luxsci.com/perl/public/securesend.pl> and register to use our free service. Email responses should be sent to 613enrollment@secure.neba-fl.com.

****PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION****

EMPLOYER INSTRUCTIONS FOR COMPLETING THE SPOUSE'S GROUP HEALTH INFORMATION SECTION

Your accurate responses to the questions contained in this affidavit are important to determining your employee's coverage for benefits under the Family Health Fund. Incorrect information may result in the Spouse being responsible for repayment of benefits provided. If you have any questions on how to complete this form, please contact the Fund Office at 1-800-922-1613 for assistance.

Does this Employer offer Health Benefits?

- **Answer "YES"** if your company offers a group health benefit program that provides coverage for medical services and the employee co-premium (the amount the employee has to pay towards the cost of the coverage) is less than 100% of the total cost of the coverage.
- **Answer "NO"** if your company does not offer a group health benefit program or if the employee must pay 100% of the cost of the coverage under your group health benefit program.

If so: Is the person named above as Spouse eligible for such medical coverage?

IMPORTANT NOTE: "Eligible" does not mean that the person is actually "Enrolled" or participating in the group health plan. It just means that he/she had the opportunity to enroll by satisfying the plan's eligibility requirements (such as being in a covered job position, completing a waiting period, etc.).

- **Answer "YES"** if the Spouse (your employee) was OFFERED the chance to enroll in your group health benefit program for the current period, even if the Spouse chose not to enroll.
- **Answer "NO"** if the Spouse did not qualify for the opportunity to enroll in your group health benefit program for the current period for a reason other than the Spouse declining such enrollment.

Is the person named above as Spouse enrolled in such medical coverage?

- **Answer "YES"** if the Spouse (your employee) is enrolled in your group health plan for the current period.
- **Answer "NO"** if the Spouse is not enrolled for benefits under your group health plan for the current period.

If not enrolled: Is the amount that the Spouse would have to pay as employee co-premium for self-only coverage exceed 9% of the Spouse's gross wages?

If you offer more than one benefit plan option, the 9% should be measured off of the self-only co-premium for the lowest costing option.

- **Answer "YES"** if the amount of employee co-premium that the Spouse (your employee) would have to pay to participate in self-only coverage for your group health plan's lowest benefit option would exceed 9% of the employee's gross wages. For example, if the employee's gross wages average \$1,625 per month and the employee co-premium for self-only coverage is \$150 per month, \$150 is greater than 9% of \$1,625.
- **Answer "NO"** if the co-premium for self-only coverage for your group health plan's lowest benefit option is less than 9% of the employee's gross wages. For example, if the employee's gross wages average \$1,625 per month and the employee co-premium for self-only coverage is \$100 per month, \$100 is less than 9% of \$1,625.

If the Spouse's employer does offer employer-sponsored medical coverage, but the Spouse is not eligible for such coverage, please provide a brief description of why he/she is not eligible (i.e., waiting period, works in ineligible job position or status). If the reason is due to a waiting period, please provide the first date on which the employee would be eligible for such coverage.

Provide a short description of why the Spouse (your employee) did not satisfy the eligibility rules for coverage under your group health plan for the current period. Common reasons are: new employee waiting period, working in part-time status, or working in non-covered position.