

SAN ANTONIO WATER SYSTEM

2017 Spouse Benefits Eligibility Verification Form

If your spouse is covered under a San Antonio Water System self-funded medical plan, there will be a \$100 monthly surcharge (\$50 per pay period) required above and beyond the regular employee medical contribution for SAWS active and pre-65 retiree medical plans, if your spouse has access to other coverage but chooses to remain on the SAWS plan.

If your spouse is employed, but his or her employer does not offer medical coverage or he or she is not eligible for coverage, you may be eligible to waive this surcharge. The Spouse Benefits Eligibility Verification Form must be completed by you and your spouse's employer, if he or she is not eligible for the employer's coverage.

THIS FORM MUST BE RETURNED TO THE SAWS BENEFITS DEPARTMENT, ALONG WITH THE EMPLOYED SPOUSE PREMIUM SURCHARGE WAIVER FORM, WITH YOUR ENROLLMENT FORM.

Section 1: SAWS Employee Certification (completed by SAWS employee)

I hereby certify that my spouse is employed, but **his or her employer does not offer medical coverage, or my spouse is not eligible for medical coverage offered by his or her employer.** I understand that intentional misrepresentation of the facts on this form is considered insurance fraud and may result in recoupment of any and all benefits improperly paid on my behalf by SAWS self-funded medical plans AND may lead to disciplinary action, up to and including employment termination.

Printed Name of SAWS Employee/Retiree

Employee ID#

Signature of SAWS Employee/Retiree

Date

Section 2: Spouse Employer Certification (completed by spouse's employer)

I hereby certify that:

_____ does not provide medical coverage to employees.
Company name

OR

_____ is not eligible for medical coverage through this employer because
Employee name

Reason for ineligibility. If employee will be eligible in future, please provide date of future eligibility.

Name and Title of Benefits/HR Administrator (please print)

Phone number and email address of Benefits/HR Administrator

Benefits/HR Administrator Signature

Date Signed

NOTE – WAIVER FORMS DUE AT TIME OF ENROLLMENT

Submit your form and documentation to the attention of SAWS HR Benefits Office:

MAIL: P.O. BOX 2449, San Antonio, TX 78298

SCAN AND EMAIL: Michelle.Kadin@saws.org

FAX: 210-233-4421

PHONE: 210-233-2025