



# Lakota Local Schools Spousal Coordination of Benefits Questionnaire

The Lakota Local School District requires spouses of covered bargaining unit employees to join their employer's group health plan or other group-sponsored plan (for at least Individual coverage) where such availability to coverage exists; however, certain conditions will allow your spouse to be waived from this requirement and covered as a dependent.

**If a bargaining unit employee's spouse is not retired and meets ALL of the following three criteria, s/he MUST enroll in his/her employer's plan for primary coverage:**

- A. Spouse must have access to continuous (i.e. non-seasonal) group coverage through an employer-sponsored plan; and
- B. Spouse must work a minimum of 20 hours weekly averaged over a 12 month calendar year; and
- C. Spouse is required to pay 55% or less of the total medical premium for a single plan to participate in the employer-sponsored plan.

**If a bargaining unit employee's spouse is retired and has access to a health plan and the cost of the premium is not more than 55%, the spouse is not eligible for primary coverage with Lakota Local Schools.**

**If you believe your spouse does not meet the requirements stated above and is eligible for primary coverage with the Lakota Local School District, please complete the following information.**

Employee Name _____	Employee ID _____
School District <u>Lakota Local Schools</u>	Building _____
Spouse Name _____ *	
* Your spouse's Social Security number must be listed under their dependent information in Benefitsolver.	

**SIGNATURE REQUIREMENT – EMPLOYEE ACKNOWLEDGMENT OF COB RESPONSIBILITY:**

If spouse's employment status changes in the future, I understand that I am responsible for completing an Enrollment Form and COB Questionnaire **within 31 days** of the employment status change. Failure to notify my employer of my spouse's employment change or falsifying my spouse's employment status is fraud and will result in financial penalty and/or loss of coverage for my spouse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed form to the Treasurer's Office.**