Poquoson City Public Schools
Spousal Eligibility Verification Form

For the plan year October 1, 2024 through September 30, 2025

Instructions for PCPS Employee

If your spouse is employed and you are requesting to waive the Spousal Surcharge, you must attest to the fact that your employed spouse does NOT have access to medical coverage. Please complete the information below, then sign and date in the space provided. Next, have the Human Resources Representative from your spouse's employer complete the information under the Benefit Eligibility Affidavit section, sign and date the form.

Printed name of PCPS Employee:	**Employee ID:**
Signature of PCPS Employee:	**Date:**
Printed name of PCPS Spouse:	
Signature of PCPS Spouse:	**Date:**

Instructions to Human Resources Representative

Poquoson City Public Schools requires a Spousal Surcharge for medical coverage, effective October 1, 2024. To waive this surcharge, we must have written and signed proof that the employed spouse does NOT have access to medical coverage from his or her employer. As a representative of your organization, please complete the following information, then sign, date this form and return to your employee.

BENEFIT ELIGIBILITY AFFIDAVIT (To be completed by a Human Resources Representative)

I certify that our employee, ____, is currently employed by our organization, ____, and is NOT ELIGIBLE for medical coverage through our organization from October 1, 2022 through September 30, 2023.

Our employee is not eligible for medical coverage due to the following reason(s) (please check all that apply):

- ☐ Does not qualify due to employment status (part-time, contingent, seasonal, etc.)
- ☐ This organization does not offer medical coverage to employees.
- ☐ Did not elect medical coverage during Open Enrollment; however, employee is eligible for coverage.
  - Should our employee lose coverage through their spouse, our employee __ would or __ would not be eligible to enroll in our plan.
- ☐ Other: ____

Printed Name of Human Resources Representative:	**Phone Number:**
Signature of Human Resources Representative:	**Date:**

Thank you for your support. If you have any questions, please contact PCPS HR at (757) 868-3055.