Mahoning County School Employees Insurance Consortium (MCSEIC)
Spousal Coordination of Benefits– Eligibility Certification Form
Use this Form for Certification from July 1, 2026– June 30, 2027

Check one Box: ☐ New Hire ☐ Change ☐ Primary Coverage Recertification - Effective Date: _____
Completed form must be uploaded to Businessolver within 30 days of eligibility or change in status.

All MCSEIC District Employees: Complete Section 1 and Section 2. If you checked a box in Section 2, then skip to Section 5, sign and upload the form on Benefitsolver. ***If you did not check a box in Section 2, then complete and sign Section 5. Provide this form, along with the Spousal Coordination of Benefits FAQ, to your spouse's employer or retirement system for completion of Sections 3 and 4.***

Section 1: All MCSEIC District Employees must complete this section and Section 2

MCSEIC Employee Name: _____
MCSEIC Employee School District: ☐ Campbell ☐ Canfield ☐ Lowellville ☐ ESC EO
☐ MCCTC ☐ Springfield ☐ Jackson-Milton ☐ Struthers
☐ West Branch ☐ Western Reserve ☐ Youngstown Community
☐ MVRCOG *(Select Employee MCSEIC School District)*

Your Spouse's Name: _____
Your Spouse's Date of Birth: _____
Is Your Spouse Medicare Eligible? ☐Yes ☐No

Section 2: Employee: If any of the following apply, check box and skip to Section 5 for signature

Spouse is: ☐ Not Employed or Retired without access to employer-sponsored retiree coverage
☐ Employed by another MCSEIC District (*Insert District Name*_____)
☐ Retired and eligible for Medicare
☐ Self-Employed and does not offer medical/Rx drug coverage to his/her employees

IMPORTANT NOTE: If your spouse has a Health Savings Account, and contributions are being made to the account by your spouse or spouse's employer, your spouse is not also eligible to be on the MCSEIC health plan for secondary coverage. *This is an IRS rule! Your spouse must choose the HSA contributions OR being covered secondary on the MCSEIC plan but not both. Please refer to the Spousal COB FAQ for more information.*

Sections 3 & 4: Spouse's Employer or Retirement System MUST Complete

The MCSEIC group health insurance plan requires that if an employees' spouse is eligible to participate in their own group health insurance coverage as a current employee, or as a retiree in a group health plan sponsored by his/her own employer, the spouse must enroll for at least single coverage unless the monthly single premium is $474 *(50% of the MCSEIC single rate for the PPO plan and $320 for COG)* or more under their own group health plan to be eligible to participate in the MCSEIC group health plan.

To assist in the determination of spousal eligibility under the MCSEIC health plan, we are asking that **you complete Section #3 and Section #4 of this questionnaire on behalf of your employee or retiree.**

Section 3 – Offer of Group Health Plan Questionnaire

Do you offer group health and prescription coverage?
☐Yes ☐No *(If you answered **No**, please proceed to section 4)*

Is this spouse eligible for coverage under this group health plan?
☐Yes ☐No *(If you answered **No**, please proceed to section 4)*

See Page 2 for the MCSEIC Spousal COB Rule

Does this spouse work less than 20 hours per week?

☐Yes ☐No *(If you answered **Yes**, please proceed to section 4)*

Does your organization employ less than 20 employees, including full-time and part-time equivalents?

☐Yes ☐No

Is the spouse required to pay more than $474 for PPO; $320 for the COG per month for single coverage? ☐Yes ☐No

Is this spouse currently enrolled or will they be enrolled on a future effective date in your medical/Rx plan?

☐Yes ☐No

If you answered **yes**, what date did/will their coverage become effective: _____

Name of Insurer:_____Employee ID Number: _____

Section 4: Employer or Retirement System Attestation

Employer or Retirement System Name: _____

Employer or Retirement System Address: _____

Employer or Retirement System Phone: _____

Attestation Completed by:_____(Print Name) Title: _____

I hereby certify that the information completed above is accurate as of the date this attestation was completed.

Employer/Retirement System Signature_____Date_____

Section 5: EMPLOYEE SIGNATURE REQUIREMENT-ACKNOWLEDGEMENT

If my spouse's employment status changes, I understand I must notify the District Treasurer within 30 days of that change. If an employee or dependent, or anyone acting on behalf of either, makes a false statement or withholds relevant information which results in providing coverage or payment of a claim or claims which would not otherwise have been provided or paid, the employer, its insurer, or assignee may recover from the person responsible or from the person for whom the benefits were paid any amounts wrongfully paid, including legal fees.

Employee's Signature_____Date_____

Mahoning County School Employees Insurance Consortium (MCSEIC) Spousal COB Rule

If an employee's spouse is eligible to participate, as a current employee, self-employed individual (other than a sole proprietor) in a business or organization (e.g. partner, member), or retiree in group health insurance and/or prescription drug insurance sponsored by his/her employer, business, organization, or any retirement plan, the spouse must enroll for at least single coverage in such employer, business, organization, or retirement plan sponsored group insurance coverage(s) **within 30 days following the date of hire or date of change.**

This requirement does not apply to any spouse who:

- **Is not employed or retired without access to a group retirement plan**
- **Is retired, not employed and solely eligible for Medicare;**
- **Is employed and working less than 20 hours per week;**
- **Is employed and not eligible for coverage under his/her employer's plan;**
- **Is employed by a MCSEIC district; (Campbell, Canfield, Lowellville, ESC of Eastern Ohio, MCCTC, Springfield, Struthers, Jackson-Milton, Poland,West Branch, Western Reserve, Youngstown Community and Mahoning Valley Regional COG)**
- **Is required to pay more than 50% of the MCSEIC single rate or $474 for PPO; $320 for the COG per month for single coverage;**
- **Is employed by an employer with less than 20 employees (includes full-time plus full-time equivalents) AND is Medicare eligible.**

This exception does not apply to group retirement plans. If a spouse is eligible for a group retirement plan such as SERS or STRS, and is NOT [1]Medicare eligible and will not pay morethan $474.for PPO or $320 for the COG per month for single coverage, the spouse must enroll in their group retirement plan as primary and may continue coverage under the district's plan as secondary.

Please refer to the FAQ for complete details of the Spousal Coordination of Benefit rules.