

Poquoson City Public Schools Spousal Affidavit



For the plan year October 1, 2026 through September 30, 2027

This form must be completed by all employees who have a spouse enrolled in the Optima POS Plan. This form is due to Human Resources by August 21, 2026 or within thirty (30) days of change in eligibility.

Employee Full Name (Print):

Employee ID:

Spouse Full Name (Print):

Please select ONE of the following that applies to you. You must submit this to Human Resources with the required information as indicated. To avoid payment of the applicable surcharge, you must submit this information at least two weeks prior to the effective payroll date. No refunds or retroactive credits will be issued.

- ☐ Spouse named above has access to an employer-sponsored health plan, has declined his/her employer's healthcare coverage and has enrolled in the PCPS Optima POS plan for primary coverage. (Spousal surcharge applies.)
- ☐ Spouse named above is employed, but is not eligible and/or no coverage is available for an employer-sponsored health plan and is enrolled in the PCPS Optima POS plan. (Spousal surcharge does not apply.) A Spousal Eligibility Verification Form must be completed by spouse's employer and attached to this form.
- ☐ Spouse named above is not employed and does not have access to an employer-sponsored health plan. (Spousal surcharge does not apply.)
- ☐ Spouse named above is self-employed and does not have access to an employer-sponsored health plan. (Spousal surcharge does not apply.)
- ☐ Spouse named above is employed by PCPS. (Spousal surcharge does not apply.)
- ☐ Other (please explain – Spousal surcharge may apply) _____

Employee Signature

I do hereby attest that the above information is true and correct to the best of my knowledge. If my spouse has a change in coverage eligibility, I am responsible for notifying Human Resources within 30 days of such change. I understand that PCPS will conduct periodic audits and may be asked to provide documentation verifying spouse eligibility. I further understand that a false statement on this affidavit may result in application of the spousal surcharge.

Signature of Employee:

Date: