

## Health Plan Affidavit for Spouses

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employee ID: E \_\_\_\_\_

If you are an Eastern Michigan University (EMU) employee who has selected medical/dental coverage for your spouse, you must complete this form. **Failure to complete and return this affidavit will result in removal of your spouse from your medical and/or dental plan, effective January 1, 2017.**

### SECTION I: Verification

Is your spouse currently employed?  Yes, at an employer other than Eastern Michigan University (continue to Section II)  Yes, at Eastern Michigan University (continue to Section III)  Self-employed (continue to Section III)  Not employed / Retired (continue to Section III)

**Please note** that if your spouse's employer provides subsidized group medical/dental\* coverage, your spouse must enroll in the spouse's employer's plan. Your spouse will no longer be eligible for coverage under Eastern Michigan University's medical/dental plan, effective January 1, 2017. This loss of eligibility would be considered a "qualifying event" allowing your spouse to enroll in coverage with their employer. Your spouse may remain on EMU's medical/dental plan as secondary coverage only. *\*If you are an AP/AH/CA/AC employee, your spouse may enroll in primary dental coverage with EMU at the full single rate, even if they have access to dental coverage through their employer.*

**Please note** if both you and your spouse are employees of Eastern Michigan University, only one may elect primary coverage through the university. The other spouse must be added as a dependent on his/her plan.

**Please note** Eastern Michigan University reserves the right to request information to verify the stated criteria are met. In the event the supporting documents do not meet the University's stated criteria, the University has the ability to deny coverage under Eastern Michigan University's medical plan.

### SECTION II: Spouse Employment Information

Name of spouse: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Phone number of employer: \_\_\_\_\_

Is your spouse eligible for subsidized medical/dental coverage through their employer?

Yes  No  Medical Only  Dental Only

### SECTION III: Acknowledgment – must be signed by above-named Eastern Michigan University Employee

I understand that providing false information could result in disciplinary action up to and including termination of employment. I also understand that I am responsible for the cost of any benefits paid on behalf of my spouse that were not eligible for coverage through an EMU plan. I understand that by signing this document, I am certifying that my spouse is either an employee of Eastern Michigan University, or ineligible for an employer subsidized medical/dental plan. I understand if my spouse subsequently becomes eligible for "employee only" health plan coverage through his/her employer, he/she must enroll in the other employer's health plan coverage in order to maintain secondary coverage through EMU.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Return to: Eastern Michigan University Benefits Office  
140 McKenny Hall, Ypsilanti, MI 48197 | 734.487.3195 | Fax: 734.487.4389