

Wilkes University

Spousal Coordination Affidavit

This form and supporting documentation, when required, must be submitted to finalize enrollment of your spouse in Wilkes University's health plan.

Spousal Eligibility:

Your spouse is eligible for coverage under Wilkes University's health benefit plan only if they are NOT offered coverage through another employer-sponsored medical insurance plan.

Changes in Eligibility:

Immediately notify Kathy Malcolm, Human Resources Manager for Employee Benefits in the event of:

- Your spouse gaining access to another employer-sponsored medical insurance plan
- Divorce

Any spouse who is eligible for Medical Benefits under any other employer-sponsored health plan is NOT eligible to be covered under Wilkes University's Medical Plan.

Is your spouse currently employed?

- ☐ Not Employed
 - Sign and return this form.
- ☐ Employed and Eligible Through Employer Offered Health Insurance Plan
 - Your spouse is not eligible for Wilkes University's coverage.
- ☐ Employed and Not Eligible For Employer Offered Health Insurance Plan
 - Your spouse's employer must provide a letter stating your spouse isn't eligible for coverage. Submit supporting documentation.
- ☐ Employed and Employer Does Not Offer a Health Insurance Plan
 - Your spouse's employer must provide a letter stating they do not offer health insurance. Submit supporting documentation.

I, _____, an employee of Wilkes University, attest to the information provided on this form and understand any purposeful misstatement of my spouse's eligibility may result in disciplinary action, in accordance with university policies and the faculty handbook. All statements are true to the best of my knowledge as of the date of signature and any change in status during the plan year will be reported in a timely manner.

Employee Signature: _____ **Date:** _____