

Spousal Coordination of Benefits Policy Form for Pensioners



State of Delaware

PLEASE PRINT ALL INFORMATION REQUESTED

Check Carrier: Blue Cross Aetna

YOUR FULL NAME - Last, First, Middle Initial		YOUR HOME PHONE - Include area code	
YOUR SOCIAL SECURITY NUMBER		Are you and your spouse both benefit eligible State of Delaware employees or retirees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPOUSE'S FULL NAME - Last, First, Middle Initial	SPOUSE'S SOCIAL SECURITY NUMBER	<input type="checkbox"/> Male <input type="checkbox"/> Female	SPOUSE'S BIRTH DATE / /

SPOUSE INFORMATION

My spouse is:

Not Employed
 Employed Full-time
 Employed Part-time
 Self-employed
 Retired
 Date of Retirement _____

NAME AND ADDRESS OF SPOUSE'S EMPLOYER OR FORMER EMPLOYER (If spouse is a benefit eligible State of Delaware employee or pensioner, simply write State of Delaware in this box and sign/date form)		SPOUSE'S EMPLOYER/FORMER EMPLOYER PHONE NUMBER (Include Area Code)
Does your spouse's employer or former employer offer health care insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse enrolled in health care insurance through this employer or former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not enrolled, what percentage of the premium of the lowest benefit employee only/retiree only plan would your spouse be required to pay?*
	Is this a Health Savings Account (HSA) plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your retired spouse declined health care coverage at retirement, does the former employer permit him or her to enroll at the next enrollment period? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your spouse is permitted to enroll in retiree health care coverage, what is the date of the next enrollment period?
What is the name of your spouse's health insurance carrier?	What is your spouse's plan policy number? Effective Date:	Annual plan renewal date for your spouse's employer/former employer health coverage: Month: Day:
Is your spouse enrolled in Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse's health plan a Medicare Supplement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your spouse's health plan cover prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are completing this form due to your spouse's loss of coverage please indicate the termination date of that coverage. Date:	
ADDITIONAL COMMENTS OR EXPLANATION:		

STOP! BEFORE SIGNING, PLEASE READ THE AUTHORIZATION SECTION ON THE BACK OF THIS FORM.

YOUR SIGNATURE BELOW VERIFIES THAT YOU HAVE READ AND UNDERSTAND ALL INFORMATION INCLUDED IN THE AUTHORIZATION SECTION.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT AND I HAVE READ THE AUTHORIZATION SECTION:	
Pensioner's Signature	Date: / /

AUTHORIZATION

Please read carefully the information below before signing. You are responsible for understanding the requirements of the Spousal Coordination of Benefits Policy described here, for providing verification as requested, and for the accuracy of the information in this form.

- I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers and spouses who are retired and are eligible for medical coverage through their former employers:
 1. This information will be shared with the State of Delaware's plan administrator(s).
 2. If spouses do not enroll in their own employers' (or former employers') medical coverage, the State will reduce payment to 20% of covered services provided by the employee's State of Delaware benefit plan, and amounts not paid will be the sole responsibility of the employee and spouse.
 3. If spouses enroll in their own employers' medical coverage, those plans pay their benefits first. Then the State of Delaware will pay additional covered expenses, if any, up to the maximum allowed under our employee family benefit plan, not exceeding a limit of 100% coverage from both plans combined.
 4. For spouses of active State of Delaware employees who are retired and enrolled in the former employer's coverage, the State of Delaware plan pays first. For spouses of State of Delaware pensioners who are retired and enrolled in the former employer's coverage, the former employer's coverage pays first as described in #3 above.
- I understand that the Coordination of Benefits form must be completed in order to cover my spouse on my State of Delaware Group Health Insurance plan. The form is used to determine a spouse's eligibility to receive primary State of Delaware health benefits. Generally, the following spouses are not required to enroll in their company health benefits and may receive primary State of Delaware health benefits:
 - Spouses not working full time, **or**
 - Spouses who do not yet qualify for coverage through the employer (verification of eligibility date may be required from the employer); **or**
 - Spouses whose employers require a contribution of more than 50% of the premium for the lowest benefit employee only plan available (verification from the company may be required), **or**
 - Spouses whose employer does not offer medical coverage (verification from the employer may be required), **or**
 - Retired spouses whose former employers do not offer medical coverage for retirees (verification from the employer may be required), or
 - Retired spouses whose former employers require a contribution of more than 50% of the premium for the lowest benefit employee only plan available (verification from the company may be required).
 - Spouses who (1) retired before October 1, 2011, (2) declined medical coverage at the time of retirement, and (3) are now not permitted to enroll during the employer's next Open Enrollment (verification may be required).
- If any of this information changes, I must complete a new form within 30 days.

Please go to www.ben.omb.delaware.gov/documents/cob to read the complete Spousal Coordination of Benefits policy.

Notice to all parties completing this form: To insure benefits are coordinated properly between employers, The State of Delaware will verify the accuracy of information by conducting audits, contacting you, and/or contacting your spouse's employer. It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. Providing false or incorrect information may result in disciplinary action and sanctioned payment (reduced to 20%) of claims for your spouse. Any claims that paid based on false or incorrect information will be reversed and payment will be the responsibility of the employee.

Please sign and return the completed form to the Pension Office.