
University of Richmond
Affirmation of Spousal* Medical Insurance Coverage
Open Enrollment for 2019 Benefits

Complete this form if you are enrolling your spouse in the University of Richmond's medical plan. If you are NOT enrolling your spouse in the University's medical plan this form is not needed. If your spouse is covered on the University's plan and you fail to complete this form or are late turning it in, you will be responsible for a surcharge in the amount of \$100 per month. More information about the surcharge is on the back of this form.

Employee Name _____ **URID#** _____

Spouse* Name _____

Form due date: Form is due no later than November 30, 2018

I am enrolling my spouse in the University of Richmond's health insurance plan:

My spouse is employed/retired, but is not eligible for or not offered health insurance through their employer or retirement plan.

Spouse's* Employer or Retirement Plan Name and Human Resources Phone #:

My spouse is unemployed or retired and not covered under any other employer-sponsored health coverage.

My spouse has coverage available through an employer or retirement plan, but I elect coverage on the University of Richmond's health insurance plan. I understand that I will be charged a \$100 per month surcharge as a result.

CERTIFICATION

I do hereby attest that the above information is true and correct to the best of my knowledge. I acknowledge that falsification of any information may lead to disciplinary action, up to and including employment termination. I understand UR reserves the right to request supporting documentation and any proof as it, in its sole discretion, deems necessary in order to verify the representations I have made in this Affirmation. I also understand that if my spouse's group medical insurance status changes, it is my responsibility to notify Human Resources within 30 days of such change. I further understand a spouse surcharge may be terminated at the first of the month following timely notification to Human Resources. Spouse surcharge refunds for late notification are not permitted.

Employee Signature _____ **Date** _____

(Handwritten signature required)

**Includes same-sex domestic partners.*

Information about the Health Insurance Spousal* Surcharge

UR imposes a **\$100 per month surcharge** on employees that elect to cover spouses who are eligible for group medical coverage through their own employer, spouses that are retired and have access to a health plan through their previous employer or retirement plan, or spouses of participants on the COBRA plan. If, at any point, your spouse ceases to be eligible for their medical coverage, they may be enrolled in your UR medical plan. You will have 30 days from the loss of eligibility to enroll your spouse in UR's plan.

The surcharge will be treated as an additional premium and will be a pre-tax deduction. Monthly employees who are assessed the surcharge will have a \$100 deduction each paycheck and hourly employees will have a \$50 deduction each pay period (24 paychecks).

If your spouse's open enrollment occurred earlier in the year and your spouse chose not to enroll in coverage for which they were eligible for, they should contact their employer and request to enroll in their employer's benefit plan. An open enrollment under your spouse's employer's benefit plan is considered a mid-year change in status.

This surcharge does not apply toward dependent children. You are still able to enroll your dependent children in the UR medical plan regardless of your spouse's status under this restriction.

This surcharge does not apply to a spouse when both parties are employed at UR and covered under a UR plan.

**Includes same-sex domestic partners.*

Please complete this Affirmation and return it to Human Resources by November 30:

231 Richmond Way
Weinstein Hall, First Floor
University of Richmond, 23173
Fax: 804-287-1282
Email: URHR@richmond.edu

If you do not return this Affirmation and you are enrolling a spouse in a UR medical plan, you will be charged the \$100 spousal surcharge until you submit this form. Spouse surcharge refunds for late notification are not permitted. You may not make any changes to your election until the following annual benefit enrollment period unless you experience a qualifying event.