

**HCRS Spousal Eligibility for Medical Coverage Affidavit**

This form is to be completed and submitted to HR within 10 days of enrollment in an HCRS health plan, if the employee is enrolling their spouse for medical coverage.

Name: Click here to enter text. Rater Code: Click here to enter text.

Date: Click here to enter a date.

**Are you an HCRS employee enrolling your spouse in an HCRS Health Plan?**   
 YesNo

**Is your spouse employed elsewhere?**   
  Yes  No   
   
*If your spouse is employed, please provide name, address & contact number for their employer below:* Click here to enter text.

**Does your spouse’s employer offer medical coverage for which your spouse is eligible?**   
  Yes  No

\*\*If you indicated that your spouse’s employer offers medical insurance for which your spouse is eligible, they will not be eligible for coverage under the HCRS Health Plan. If coverage is not offered by their employer, acceptable documentation must be provided to HR within 10 days of election. Acceptable documentation includes a letter from the employer on company letterhead. If your spouse is unemployed, disabled, or in school you must provide documentation to HR to verify.

\*\*If your spouse is not eligible but you enroll them in an HCRS Health Plan or if you do not provide sufficient documentation upon request, your spouse’s coverage may be cancelled and any claims denied, and you may face disciplinary actions – up to and including termination.

By signing below, I certify that my answers are true and correct. I also certify that I will notify HR within 10 days of an event if there are any changes to my spouse’s employment status that change their eligibility under the HCRS Health Plan.

Click here to enter text.Click here to enter a date.

KMFS 12.5.23