

Spouse Coverage Affidavit

Employee Name

This Affidavit must be completed if you are electing to cover your spouse under the Valley Health Systems health plan effective January 1, 2020 – December 31, 2020.

If your spouse does not have access to group health insurance through an employer, they are eligible to be covered under the Valley Health Systems group health plan.

Is your spouse employed? Yes No

If yes, is your spouse eligible for coverage through his or her employer? Yes No

Spouse's Name

Spouse's Date of Birth

Spouse's Social Security Number

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I attest that my spouse does not have access to group health insurance through his or her employer, and I elect to cover him or her under Valley Health Systems group health plan. I have read this affidavit in its entirety.

Knowingly providing inaccurate information could (a) result in potential discipline, including the possible termination of employment and/or (b) personal liability for any health plan funds spent on healthcare for an otherwise ineligible spouse and/or (c) personal liability for the payment of the surcharge.

Employee Signature

Date