Spouse/Partner Coverage Effective January 1, 2010

Dear Employee:

We are pleased to continue Health Insurance coverage for our employees and dependents and continue to look for ways to control our health care costs.

Muhlenberg College will continue to offer medical insurance coverage for a spouse/partner who is unemployed, a spouse/partner who is employed but has no medical insurance available through the spouse/partner’s employer, or a spouse/partner who is employed but whose employer does not contribute 70% or more towards the health insurance premium. Muhlenberg College will continue to offer medical coverage for your children who qualify under the health plan, regardless of the employment status of your spouse/partner. You may elect medical coverage for any spouse/partner who is eligible for coverage or covered under his or her employer’s health plan to which the employer contributes 70% or more toward the premium for an additional surcharge of $50 per month on a “before tax” basis.

If you are married, please complete the following certification, sign it, and return it to me within 5 days. Accurate completion of this certification is considered a condition of continued employment by Muhlenberg College.

CERTIFICATION OF SPOUSE/PARTNER’S EMPLOYMENT STATUS AND MEDICAL INSURANCE AVAILABILITY

I, ________________________________, hereby certify that:

☐ My spouse/partner is unemployed.

☐ My spouse/partner is employed but is not eligible for medical insurance through his/her employer. (If your spouse/partner had previously waived coverage at his/her own employer, he/she would be eligible to enroll in that employer’s plan at this time due to HIPAA’s special enrollment rights, providing that company’s eligibility requirements are met.)

☐ My spouse/partner is employed and is eligible for medical insurance through his/her employer. The employer [ ] does contribute 70% or more of the health insurance premium ($50/month surcharge applies). [ ] does not contribute 70% or more of the health insurance premium (employer verification required).

_____________________________________________  ____________________
Employee’s Signature    Date

____________________________________
Anne Speck
Vice President, Human Resources