**Greater Cincinnati Insurance Consortium Health Plan (GCIC)**

**Spousal Coordination of Benefits – Eligibility Certification Form**

***Use this form when a spouse is initially enrolled for the GCIC health plan***

**GCIC Employee: complete items below, and then provide form to spouse’s employer or retirement**

 **system for completion of Sections 1 and 2**

GCIC Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GCIC Employee School District: [ ]  Deer Park [ ]  Finneytown [ ]  Hamilton County ESC [ ]  Lockland

 [ ]  Loveland [ ]  Madeira [ ]  Mariemont [ ]  Mt. Healthy [ ]  North College Hill

 [ ]  Norwood [ ]  Reading Community [ ]  St. Bernard-Elmwood Place

[ ]  Three Rivers [ ]  Wyoming *(Select Employee GCIC School District)*

GCIC Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GCIC Spouse Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GCIC Spouse Medicare Eligible: [ ] Yes [ ] No

**If your spouse has a Health Savings Account, and contributions are being made to the account, your spouse is not eligible to be on the GCIC health plan for secondary coverage.** This is an IRS rule, as an individual contributing to a health savings account cannot also be enrolled in a health plan that is not a high deductible health plan.  Please refer to the Spousal COB FAQ for more information.  Please notify your District HR office if this applies, as your spouse will need to be removed from the GCIC health plan.

**Dear Employer or Retirement System:**

The GCIC group health insurance plan requires that if an employees’ spouse is eligible to participate in their own group health insurance coverage as a current employee, or as a retiree in a group health plan sponsored by his/her own employer, the spouse must enroll for at least single coverage under their own group health plan to be eligible to participate in the GCIC group health plan.

To assist in the determination of spousal eligibility under the GCIC health plan, we are asking that **you complete Section #1 and Section #2 of this questionnaire on behalf of your employee or retiree.**

**Section #1 – Offer of Group Health Plan Questionnaire**

**Do you offer group health and prescription coverage?**

[ ] Yes [ ] No *(If you answered* ***No****, please proceed to section 2)*

**Is this spouse eligible for coverage under this group health plan?**

[ ] Yes [ ] No *(If you answered* ***No****, please proceed to section 2)*

**Does your organization employ less than 20 employees, including full-time and part-time equivalents?**

[ ] Yes [ ] No

**Does the spouse work less than 20 hours AND is he/she required to pay more than 50% of the monthly premium for single coverage offered?** [ ] Yes [ ] No

**Is this spouse currently enrolled or will be enrolled on a future effective date in this offer of coverage?**

[ ] Yes [ ] No

If you answered **yes**, what date did/will their coverage become effective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section #2: Employer or Retirement System Attestation**

Employer or Retirement System Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or Retirement System Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or Retirement System Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attestation Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name) Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information completed above is accurate as of the date this attestation was completed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Greater Cincinnati Insurance Consortium (GCIC)**

**Spouse Coordination of Benefits (COB) Implemented January 1, 2014**

If an employee’s spouse is eligible to participate, as a current employee, self-employed individual (other than a sole proprietor) in a business or organization (e.g. partner, member), or retiree in group health insurance and/or prescription drug insurance sponsored by his/her employer, business, organization, or any retirement plan, the spouse must enroll for at least single coverage in such employer, business, organization, or retirement plan sponsored group insurance coverage(s) **within 30 days following the date of hire.**

**This requirement does not apply to any spouse who:**

* **Is not employed**
* **Is retired and eligible for Medicare**
* **Is employed by another GCIC district.**

**(Deer Park, Finneytown, Hamilton County ESC, Lockland, Loveland, Madeira, Mariemont, Mt Healthy, North College Hill, Norwood, Reading Community, St. Bernard-Elmwood Place, Three Rivers, Wyoming)**

* **Works less than 20 hours per week AND is required to pay more than 50% of the single premium to participate in his/her employer’s, business’ or organization’s group health insurance coverage and/or prescription drug insurance.**
* **Is employed by an employer with less than 20 employees (includes full-time plus full-time equivalents) AND is Medicare eligible.**

*\*This exception does not apply to group retirement plans. If a spouse is eligible for a group retirement plan such as SERS or STRS and is NOT 1Medicare eligible, the spouse must enroll in their group retirement plan as primary and may continue coverage under the district’s plan as secondary.*

A certification form may be required annually for all spouses covered as primary by the GCIC health plan.

Upon the spouse’s enrollment in any such employer, business, organization, or retirement plan sponsored group insurance coverage that coverage will become the primary payor of benefits and the coverage sponsored by GCIC will become the secondary payor of benefits according to the primary plan’s Coordination of Benefits and participation rules.

Any spouse who fails to enroll in any group insurance coverage sponsored by his/her employer, business, organization, or any retirement plan, as required by this Section, shall be ineligible for benefits under such group insurance coverage sponsored by GCIC.

It is the employee’s responsibility to advise the GCIC Health Benefit Plan (the “Plan”) immediately (and not later than 30 days after any change in eligibility) if the employee’s spouse becomes eligible to participate in group health insurance and/or prescription drug insurance sponsored by his/her employer, business, organization, or retirement plan after **January 1, 2014**. Upon becoming eligible, the employee’s spouse must enroll in any group health insurance and/or prescription drug insurance sponsored by his/her employer, business, organization, or retirement plan unless he/she is exempt from this requirement in accordance with the exemptions stated above.

Every employee whose spouse participates in GCIC’s group health insurance coverage and/or prescription drug insurance coverage shall complete and submit to the Plan, upon request, a written certification verifying whether his/her spouse is eligible to participate in group health insurance coverage and/or prescription drug insurance coverage sponsored by the spouse’s employer, business, organization, or any retirement plan. If any employee fails to complete and submit the certification form by the required date, such employee’s spouse will be removed immediately from all group health insurance and/or prescription drug insurance coverage sponsored by GCIC. Additional documentation may be required.

If you submit false information, or fail to timely advise the Plan of a change in your spouse’s eligibility for employer (or business, organization, or retirement plan) sponsored group health insurance and/or prescription drug insurance, and such false information or such failure by you results in the Plan providing benefits to which your spouse is not entitled, you will be personally liable to the Plan for reimbursement of benefits and expenses, including attorneys’ fees and costs, incurred by the Plan. Any amount to be reimbursed by you may be deducted from the benefits to which you would otherwise be entitled. In addition, your spouse will be terminated immediately from group health insurance and/or prescription drug insurance coverage under the Plan.