

Spousal Coordination of Benefits Survey in Employee Navigator

Applies to Employees Hired on or after 8/1/22

Cost Adjustment Questions ×

You have selected to include your spouse on the Medical Insurance.

Spouses with available health insurance and/or prescription drug insurance sponsored by their employer, business organization or any retirement plan, **must enroll** in such employer, business organization, or retirement plan sponsored group insurance coverage. **If this applies to your spouse, they can be added to your health and prescription plans with coverage as the secondary payer of benefits.** If your spouse is employed or retired and eligible for benefits, their employer/retirement will need to complete the Spousal COB Eligibility Certification form.

This DOES NOT apply to dental or vision insurance.

This requirement does not apply to any spouse who:

- Is not employed
- Is employed by the district
- Is not eligible for non-Medicare retiree group insurance
- Is working for an employer with less than 20 employees AND is Medicare-eligible
- Works less than 20 hours per week AND is required to pay 50% or more for single premium to participate in his/her employer's business, organization's or retirement plan's group health coverage.

You will need to scroll down to click on the response that applies to your spouse's enrollment:

Is your Spouse:

- Employed
- Not Employed
- Self-Employed
- Employed by the District
- Medicare Eligible

Waive surcharge fees

Done

Please Ignore this box

Once you click the green “Done” button, the below Pop Up will appear that you will need to read and click “Agree”

Plan Notices ×

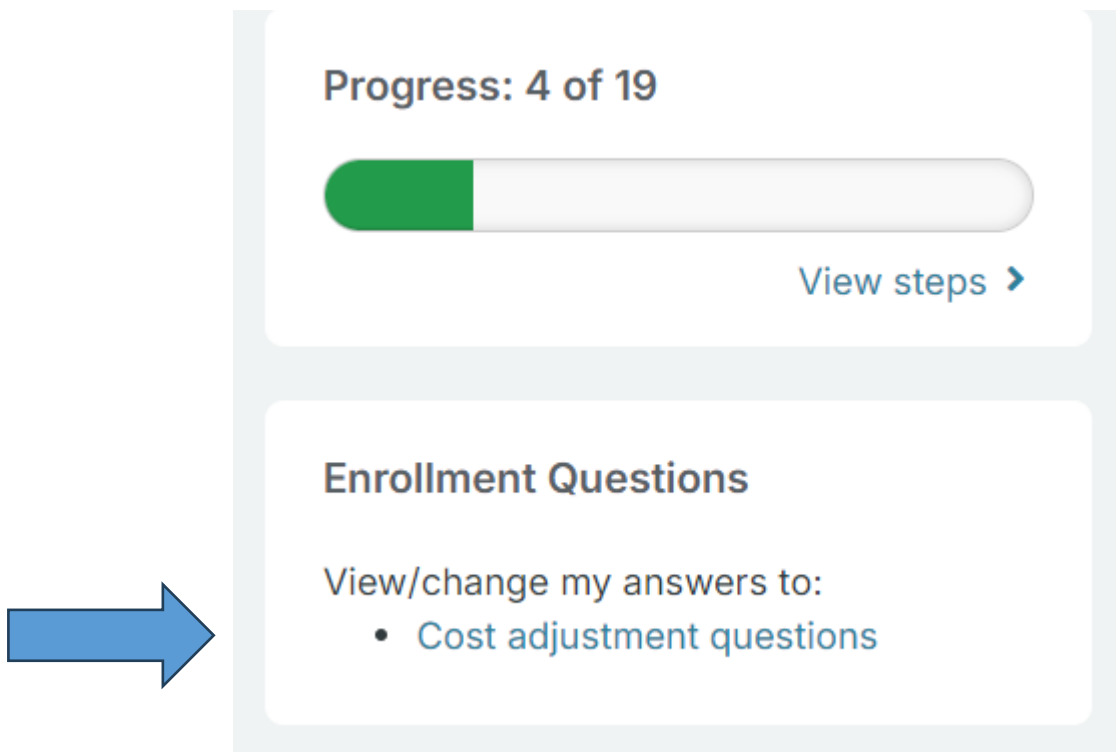
Please read and agree to the following plan notices

Attestations

If you submit false information, or fail to timely advise the Plan of a change in your spouse’s eligibility, 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. Your spouse will be terminated immediately from group health insurance and/or prescription drug insurance coverage under the Plan. Any employee who submits false information may be subject to disciplinary action, up to and including termination of employment.

[Agree](#)

If you need to go back and update your response to the Spousal COB survey, click on the “Cost adjustment questions link” found under the Medical section and below the Enrollment Questions section.



Progress: 4 of 19

[View steps >](#)

Enrollment Questions

View/change my answers to:

- [Cost adjustment questions](#)

After you complete your enrollment, a task will automatically trigger to complete the Spousal Coordination of Benefits Certification Form if you elect medical coverage and enroll your spouse.

The Spousal Coordination of Benefits Eligibility Certification form should be uploaded to Employee Navigator by 12/6/24. However, **YOU DO NOT** need to upload the Spousal Coordination of Benefits Certification form if you indicate one of the below responses while completing the Spousal COB survey in Employee Navigator:

- Your spouse is employed by the district
- Your spouse is not employed
- Your spouse is self-employed

We will automatically approve the task in Employee Navigator once the survey questions have been reviewed.