
Morehead State University
AFFIDAVIT OF SPOUSAL SURCHARGE
COMPLIANCE Open Enrollment for 2022 Benefits

To be completed if you are enrolling your spouse in Morehead State University's medical. If you are NOT enrolling your spouse in your employer medical plan this form is not needed. If you fail to complete this form or are late turning it in, your spouse will not be eligible for coverage. More information about the spousal surcharge is found on the back of this form.

Employee Name _____ MSU ID# _____

Spouse Name _____

Form due date: Form is due no later than November 12, 2021

I am enrolling my spouse in Morehead State University's health insurance plan:

My spouse is employed/retired, but is not eligible for or not offered health insurance through the employer or retirement plan.

Spouse's Employer or Retirement Plan Name and Phone #: _____

My spouse is unemployed or retired and not covered under any other employer-sponsored health coverage.

My spouse has coverage available through an employer or retirement plan, but I elect coverage on Morehead State University's health insurance plan. I understand that I will be charged a \$150 per month surcharge as a result.

CERTIFICATION

I do hereby attest that the above information is true and correct to the best of my knowledge. I acknowledge that falsification of any information may lead to disciplinary action, up to and including employment termination, and that I may be held responsible for funds paid to providers on my spouse's behalf. I understand MSU reserves the right to request supporting documentation and any proof as it, in its sole discretion, deems necessary in order to verify the representations I have made in this Affidavit. I also understand that if my spouse's group medical insurance status changes, it is my responsibility to notify Human Resources within 30 days of such change. I further understand a spouse surcharge may be terminated at the first of the month following timely notification. Spouse surcharge refunds for late notification are not permitted.

Employee Signature _____ Date _____

(Hand written signature required)