



CLARK COUNTY EDUCATIONAL SERVICE CENTER

4170 Allium Court Street Springfield, OH 45505

SPOUSE ELIGIBILITY FORM

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|--------------|---|--|
| ESC EMPLOYEE | SECTION A (To be completed by ESC Employee) | |
| | EMPLOYEE NAME: | DATE: |
| | <input type="checkbox"/> I am electing family coverage, my spouse is: (Please make a selection below) | |
| | <input type="checkbox"/> Unemployed: New form required once employment status changes. | <input type="checkbox"/> Self-Employed: Please select option below: Not eligible for coverage <input type="checkbox"/> No coverage offered <input type="checkbox"/> |
| | <input type="checkbox"/> Employed: Please select option below: Not eligible for coverage <input type="checkbox"/> No coverage offered <input type="checkbox"/> | |
| | Employee's Signature: | Date: |

| | | |
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| SPOUSE | SECTION B (To be completed by Spouse) | |
| | SPOUSES'S NAME: | |
| | I attest that the above information is correct and I will update information if my employment or eligibility status changes. | |
| | Spouses's Signature: | Date: |

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| SPOUSE'S EMPLOYER | SECTION C (To be completed by Spouse's Employer) | |
| | On June 28, 2011 the Clark County Board of Education adopted a Spouse Eligibility Rule, the resolution reads <i>"if a spouse has health care coverage available to them through their employer, they are no longer eligible through the Clark County ESC health care plan."</i> | |
| | Please complete the following information below which will help us adhere to Spouse Eligibility Rule. | |
| | <input type="checkbox"/> We <u>do not</u> offer health insurance coverage. <input type="checkbox"/> We <u>do</u> offer health insurance coverage however, this employee is not eligible because, _____ _____ _____ | |
| | ----- | |
| | Employer Name: | |
| | Employer Phone: | |
| | Signature of Company Representative: | Date: |