

# Spousal Carve Out Affidavit

Employee Name

If your spouse is eligible for group health insurance through his or her employer, then he or she will not be eligible to obtain coverage under Saucon Valley School District's group health plan. You must complete this form to indicate your spouse's eligibility for participation in Saucon Valley School District's health plan.

Is your spouse employed?  Yes  No

Is your spouse eligible for coverage through his or her employer?  Yes  No

Is your spouse enrolled in a health plan through his or her employer?  Yes  No

Spouse's Name

Spouse's Date of Birth

Spouse's Social Security Number

<input type="text"/>	<input type="text"/>
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Spouse's Employer

Spouse's Employer's HR Contact Name

HR Phone Number

<input type="text"/>	<input type="text"/>
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Name of Spouse Medical Insurance Carrier

Medical Carrier Policy # / ID #

<input type="text"/>	<input type="text"/>
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I certify that the information provided above is true and correct, and I am able to provide proof of spouse's employment and/or eligibility for employer health coverage, if requested.

Employee Signature

Date