



## Insurance eligibility and verification

The Washington Conference is pleased to offer health care for their employees and eligible family members. The following are the eligibility requirements. This form should be completed each year to continue coverage for eligible spouses.

### Eligible Participants:

- **Full-time employee**
- **Employees who are regularly scheduled to work 30 or more hours a week.**
- **Children until their 26<sup>th</sup> birthday.**
  - If your spouse also has insurance through their employer, the **Birthday Rule** applies. The parent whose birthday falls earlier in the calendar year must provide **primary coverage** for dependent children. The other parent's plan will be **secondary**.
    - *Example: If the Washington Conference employee's birthday is in June and the spouse's birthday is in January, the spouse's plan provides primary coverage, and the WC plan provides secondary coverage.*
      - (Note: Children's pregnancies at any age are not covered.)
- **Working spouses** who are not offered insurance through their own employer **AND** earns less than 2/3 of the WC employee's gross earnings.

### Buy-in Option for working spouses:

- Working spouses whose gross earnings are 2/3 or more of the WC employee's gross earnings **AND** don't have access to health care coverage through their employer may purchase health care coverage through the Washington Conference.

Employee's gross earnings \$ \_\_\_\_\_ X .67(2/3) = \$ \_\_\_\_\_ (1)  
Spouse gross earning \$ \_\_\_\_\_ (2)

If line 1 is more than line 2 = No extra cost to employee.

If line 2 is more than line 1 = Buy-in cost applies.

**My spouse makes more than 2/3 of my income and isn't eligible for health insurance under his/her employer. I would like to buy-in health benefit for my spouse for \$600/mon.**

For a spouse to receive continuing health care coverage, verification of eligibility needs to be submitted each year. **Documents to be submitted:**

- Spouse's most recent pay stub
- A copy of the most recent household tax return

### CERTIFICATION: (Please check one)

- I am single.
- My spouse is unemployed.
- My spouse is employed, and has coverage available through his/her employer.
- My spouse is employed, but does not have coverage available. **(Please include verification, see above)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name