ROANOKE COLLEGE

VPCBC

VIRGINIA PRIVATE COLLEGES BENEFITS CONSORTIUM
AFFIDAVIT FOR ENROLLING YOUR SPOUSE IN THE MEDICAL PLAN

Effective January 1, 2021, employees' spouses who have access to affordable, minimum essential coverage that provides minimum value[1] through another employer will no longer be eligible for medical coverage in the Virginia Private Colleges Benefits Consortium ("VPCBC") medical plan. This eligibility change helps VPCBC maintain affordable coverage for employees, their spouses who do not have access to another employer's medical coverage, and dependent children.

Three (3) populations of spouses will continue to be eligible for enrollment as your dependent:

1. Spouses who are not employed
2. Spouses who are employed, but do not have access to affordable, minimum essential coverage that provides minimum value through their employer; and
3. Spouses who are employed by a VPCBC Member Institution, including the school where you are employed

To be eligible to participate in the VPCBC medical plan, you and your spouse must be currently legally married.[2]

If your spouse is employed, and any medical coverage other than (i) COBRA coverage, (ii) Medicare, or (iii) a medical flexible spending account ("FSA") under a cafeteria plan (funded solely by your spouse's contributions), is available to him/her through their current employer *(whether or not your spouse actually enrolls in such coverage)* then your spouse is **not** eligible to participate in the VPCBC medical plan.

SPOUSAL AFFIDAVIT

I Wish To Enroll My Spouse In The VPCBC Medical Plan, And My Spouse And I Each Hereby Certify That:

☐ My spouse is not employed.

☐ My spouse is employed, but does not have access to affordable, minimum essential coverage that provides minimum value as defined by the Affordable Care Act.

☐ My spouse is employed by a VPCBC member institution.

Name, Address And Phone Number Of Spouse's Current Employer - (Answer "None" If Spouse Is Not Employed)

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VPCBC (and/or the applicable Member Institution) reserve the right to contact your spouse's employer to verify whether medical coverage is available, or to request a letter from the employer.

SPOUSAL AFFIDAVIT NOT APPLICABLE

I DO NOT HAVE A Spouse and/or I DO NOT INTEND to Carry My Spouse on The Roanoke College/VPCBC Health Insurance.

☐ The Roanoke College/VPCBC Affidavit for Spousal Health Insurance **DOES NOT** Apply to My Situation.

[1] Affordable, minimum essential coverage that provides minimum value as defined by the Affordable Care Act means health coverage that is affordable (for 2021, the employee portion of the Employee Only premium for the employer's lowest-cost coverage does not exceed 9.83 percent of the employee's income) and provides minimum value (plan pays at least 60 percent of the total allowed costs of benefits provided under the plan).

[2] Certain VPCBC Member Institutions have extended coverage to unmarried domestic partners. Please check with your Human Resources Department for additional information.

ATTESTATION

If my spouse does not currently have access to affordable health care that provides minimum value through their employer, but later gains it (after open enrollment), I understand that it is my duty to notify my Human Resources Department ***within thirty (30) days*** of their revised eligibility for other coverage.

I further understand that on the first (1st) day of the month following the date my spouse first becomes eligible for affordable, minimum essential coverage that provides minimum value; I will no longer be permitted to cover my spouse under the VPCBC medical plan, unless my spouse later loses their eligibility for their employer's medical plan.

I also understand that it is my duty and responsibility to monitor all paycheck stubs to ensure that premium reductions are being taken out accordingly.

I hereby attest that the information provided on this Affidavit is true and correct, to the best of my knowledge, as of the date that I sign and submit this document. Further, I attest I understand that if the information provided herein is later found to be inaccurate or falsified, my coverage may be terminated from the medical plan for up to one (1) year.

EMPLOYEE NAME	SIGNATURE	DATE

IMPORTANT REMINDER

NOTE: All employers must provide information to their employees in one of their health plan documents, the Summary of Benefits and Coverage, informing them whether their employer-sponsored coverage meets the minimum value standard. In addition, all employers must provide notice to all employees beginning October 1, 2013, regarding coverage options available through the Health Insurance Marketplace or Exchange. In that notice, employers may indicate if the employer-sponsored coverage meets the minimum value standard and the cost of the coverage is intended to be affordable, based on employee wages. Consult your spouse's employer if you have questions regarding the affordability or minimum value status of their employer-sponsored coverage.