

**STATE EMPLOYEES' HEALTH INSURANCE PLAN
SPOUSAL SURCHARGE WAIVER APPLICATION FOR RETIREES**

Return completed form to: State Employees' Insurance Board, PO Box 304900, Montgomery, AL 36130-4900
334-263-8341 / 1-866-836-9737 / Fax 334-263-8541

If your spouse is enrolled in the State Employees' Health Insurance Plan (SEHIP) you are subject to a monthly spousal surcharge of \$50. In order to apply for a \$25 discount of the spousal surcharge, you must submit this application form and the appropriate documentation to the State Employees' Insurance Board (SEIB). Additional documentation may be required after your application is reviewed. To be eligible for the spousal surcharge waiver, one of the following must apply. Check the appropriate box below that applies to you, then sign and date this application form and return it to the SEIB with the required documentation.

Member Name _____

Member Contract Number _____

I hereby declare that my:

| Check one | Spouse's Status | Description | Documentation required |
|--------------------------|--|--|--|
| <input type="checkbox"/> | Spouse's premiums are more than \$255 | My spouse is eligible for other group coverage through another employer, but the individual premium, for the lowest cost option, is more than \$255 per month. | Spouse's current or former employer must verify that the lowest cost option for the monthly individual premium is more than \$255. |
| <input type="checkbox"/> | Spouse is employed but not eligible for insurance | My spouse is employed (including self-employed), but is not eligible, or not offered, group health benefits through another employer. | A letter, on your spouse's current or former employer's letterhead [with an employer contact person's name and phone number], that states that your spouse is not offered employer group health benefits. |
| <input type="checkbox"/> | Spouse is unemployed or retired | My spouse is unemployed or retired and not covered or eligible for any other employer group health benefits. | A copy of the most recent state or federal tax return verifying your spouse's employment status*. If your spouse became unemployed or retired after the most recent state or federal tax return was filed, you must submit an Unemployed or Retired Spouse Verification form (IB27). |
| <input type="checkbox"/> | Spouse is only eligible for Medicare | My spouse is retired and only eligible for Medicare. | A copy of your spouse's Medicare card. |
| <input type="checkbox"/> | Spouse can't be covered by another employer's insurance until _____, the Open Enrollment period for this year. | My spouse's current or former employer offers group health benefits, but the open enrollment rules of my spouse's health plan do not allow my spouse to enroll for coverage until _____. The earliest date that my spouse can be covered by his/her current or former employer's health plan is _____. | Documentation from your spouse's current or former employer or health insurance carrier verifying its enrollment rules. |

I certify that the answers provided on this application form are true and correct. I also understand that if I knowingly and willfully submit false information to the SEIB in order to obtain a waiver of a portion of the spousal surcharge or fail to immediately notify the SEIB that my spouse is no longer eligible for a waiver of the spousal surcharge, I will be required to repay all surcharges that were waived as well as all claims and other expenses, plus interest, incurred by the SEHIP.

Signed: _____
Retired State Employee Date Daytime Phone Number

Spousal Authorization

(To be signed only if spouse is eligible for other employer group coverage.)

By signing below I authorize my current or former employer (whichever is applicable) or my health insurance carrier to disclose my health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996) to the SEIB in order to verify the representations made on this waiver application form.

| | |
|---|--|
| Spouse of Retired State Employee (Print name) | Signed |
| Spouse's Current or Former Employer (Please print) | Spouse's Current or Former Employer's Contact Number |
| Spouse's Current or Former Group Health Insurance Plan Number | |

*The SEIB only requires the following information from the state or federal tax return be provided if your spouse is retired or unemployed: The portion of the return which shows the name of the member and the member's spouse and the signature block that contains the member's spouse's signature and occupation. All other information on the tax return can be redacted (blacked out). On State Form 40 and Federal Form 1040, that information is found on the top of page 1 (member's name and member's spouse's name) and the bottom of page 2 (member's spouse's signature and occupation). If you file a Federal Form 1040EZ, that information is found on the top of page 1 (member's name and member's spouse's name) and the bottom of page 1 (member's spouse's signature and occupation). If the unemployed spouse files a separate tax return, he/she must submit his/her return showing the same information.