

Wood County Employees Health Benefits Plan
Eligibility Exception Certification
Application for Spousal Eligibility Exception

If a spouse's current income is less than the Spousal Eligibility Level determined by the current plan year's certification process, employees may request a temporary exception to the Spousal Eligibility Rules for primary spousal coverage. See the Spousal Eligibility Exception Policy and Procedures for more information. To request an Exception, employees must submit application during the annual certification process or within 30 days of the change in income for midyear changes.

Employee's Name _____ SS # _____
Department _____ Group Number _____
Spouse's Name _____ SS # _____
Spouse's Employer _____
Address _____
Employer Contact Name _____ Phone Number _____

Current Spousal Eligibility Level as verified by Accountant

Less than \$26,700 \$26,700 to \$58,400 Greater than \$58,400

Reason for Change in Income

Loss of Job Layoff Reduction of Hours/Income (e.g., Full time to Part Time)
 Business Closure Voluntary Resignation Other _____

Effective Date of Change in Income _____

Current Year to Date Income (Prior to Application) _____

Projected Current Income (Following Application) _____ Weekly Monthly

Attach the Following Documentation to Report Current Income

- Determination of Spousal Certification form – Based on most recent Spousal Certification Process; and
- Spousal Income Verification form – Based on most recent Spousal Certification Process; and
- Letter(s) from employer(s) – stating first/last date of employment and/or nature of loss of coverage/ job (employment commences the first day compensated); and
- Current check stubs – which includes number of hours and hourly rate, and
- Current unemployment check stubs or statement of determination; and
- Written proof of all other current income (business, rental, interest, etc.)

Current income must be reported including unemployment, severance pay, etc. *Documentation must be attached verifying income.*
Additional documentation may be requested by the Spousal Eligibility Review Committee.

Additional Employee Remarks _____

I hereby request a review of my spouse's eligibility under the Wood County Employees Health Benefits Plan due to a change in income and request a temporary Exception of the Spousal Eligibility Rules. I understand that the information provided on this form will be shared with the Spousal Eligibility Review Committee. I further understand that I must participate in the Annual Eligibility Certification Process for Spousal Certification for the next two years (even if not seeking coverage.)

Employee's Signature _____ Date _____