

Spousal Certification (Primary Coverage)

Employees seeking primary coverage for a spouse shall certify spousal income to determine eligibility. Upon verification, spousal eligibility is effective for the entire 2024 Plan year; provided there is no change in your spouse's eligibility. Refer to the Summary Plan Description and Plan Document for eligibility rules.

Employee Name: _____	Department: _____
Spouse's Name: _____	Phone No: _____ Home Work

Employees whose spouses are full-time permanent employees in a department covered under this insurance plan are exempt from participating in this process.

Employees whose spouses are part-time employees must complete this form and document all sources of spousal income.

My Spouse works for Wood County. List Department/Office _____ Full-time Part-time

2024 Spousal Eligibility Levels (Based on prior year's annual adjusted gross income as documented on federal income tax return.)

- Less than \$33,500 Spouse can remain as primary, the spousal premium will not apply.
- \$33,500 to \$63,200 Spouse can remain as primary, the spousal premium **will** apply.
- Greater than \$63,200 Spouse may remain as secondary at no additional cost. No primary coverage available.

● To Elect Primary Coverage for a Spouse:

- Complete the *Spousal Income Verification* form.
- Provide **entire 2022 tax return**, filed in 2023, **including IRS 1040, W-2s for employee and spouse** as reported on IRS 1040, and all other applicable forms and schedules. (Requested tax information is utilized solely for the purpose of determining spousal eligibility for insurance purposes and may be forwarded confidentially to an outside accountant for verification.)
- Place *Spousal Income Verification Form* and tax return information in a sealed envelope with name and department clearly marked on the outside. (Do not include forms for Dependent Certification or other insurance forms in the sealed envelope.)
- Return sealed envelope to your Insurance Group Representative within 30 days of becoming benefit eligible, following a change in eligibility status, or Qualifying Event.
- **Failure to provide the required information will result in the loss of spousal eligibility for primary coverage until the next Open Election period or Qualifying Event.**

Misrepresentation regarding eligibility of any covered individual may result in retroactive termination of coverage and collection of paid claims, as well as disciplinary action and possible legal action as, and to, the extent permitted under applicable law.

All eligibility changes must be reported by completing and submitting a Universal Insurance Application within 30 days of the event/change.

I certify that the individual named above is my lawful spouse according to the Plan's eligibility rules that define a Lawful Spouse as a legally recognized marital partner of a covered employee, who is neither divorced nor legally separated from the employee.

Employee's Signature _____ Date _____

Spouse's Signature _____ Date _____

Eligibility Certification for Plan Year 2024
Spousal Income Verification (Primary Coverage)

Use 2022 Tax Return (filed in 2023)

Department _____	Contact Phone Number _____
Employee Name _____	SS # _____
Spouse's Name _____	SS # _____
Contact E-Mail _____	

Using spouse's **2022 tax return, filed in 2023**, duplicate information from the 1040 IRS tax form into the "IRS 1040" column. **Spouses filing jointly must complete the "IRS 1040" column and breakout information from the "IRS 1040" column into the "Employee" and "Spouse" Column. *If holding joint accounts (i.e., savings, property, etc.), split funds 50/50; otherwise list under account/title holder.**

Please provide:

- **ENTIRE 2022 tax return including IRS 1040, 1099, W-2s for employee and spouse** as reported on IRS 1040, Schedules 1-5, Schedule C, C-EZ, E, F, K-1, SE, etc. Additional information may be requested to verify account holder. Tax information will be returned in a sealed envelope.
- **ALL source documents (W-2's, etc.) must be attached. The outside accountant does not work for Wood County and does not have access to employee W-2's.**

Refer to the Spousal Certification form for additional requirements. Upon receipt of required documentation, spousal eligibility levels will be determined.

Line	Income	IRS 1040	Employee	Spouse
1a	Total amount from Form(s) W-2, box 1 (W-2s must match IRS 1040 information.)			
1z	Add lines 1a through 1h (of IRS 1040)			
2b	Taxable interest			
3b	Ordinary dividends			
4b	IRA distributions– Taxable Amount			
5b	Pensions and annuities – Taxable Amount			
6b	Social Security Benefits....Taxable Amount			
7	Capital gain or (loss). Attach Schedule D if required			
8	Other income from Schedule 1, line 10			
9	Total Income. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8			
10	Adjustments to income from Schedule 1, line 26			
11	Adjusted Gross Income. Subtract line 10 from line 9.			

I certify that the information provided above is correct and authorize any necessary confirmation of spousal income for the purpose of establishing my spousal eligibility. Additional information may be required, and random checks may be performed.

Employee's Signature _____ Date _____

Spouse's Signature _____ Date _____