

CITY OF GREENVILLE/GREENVILLE UTILITIES COMMISSION
Health Care Spousal Surcharge Form (Annual)

PLAN YEAR 2017

Return this completed form to your Human Resources Department by November 30, 2016.

SUBSCRIBER NAME: _____

SUBSCRIBER BIN OR LAST 4 DIGITS OF SSN: _____ EMPLOYER GROUP
NUMBER: 3204856

A forty six dollar and fifteen cent (\$46.15) spousal surcharge will be deducted from your paycheck if you have elected coverage for your spouse and your spouse **is eligible** for coverage through his or her employer but elects not to enroll.

_____ I do not have a spouse, or have not elected coverage on my spouse in the City of Greenville/Greenville Utilities Commission health plan.

_____ I have enrolled my spouse in the City of Greenville/Greenville Utilities Commission health plan, **and** either my spouse does not have health coverage available through his or her employer; or my spouse does not work; or my spouse is self employed.

_____ I have enrolled my spouse in the City of Greenville/Greenville Utilities Commission health plan, **and** my spouse is also enrolled in health coverage through his or her employer. (I understand the \$46.15 spousal surcharge will be deducted from my paycheck, and authorize the deduction to be taken out of my paycheck on a "pre-tax" basis.)

_____ I have enrolled my spouse in the City of Greenville/Greenville Utilities Commission's health plan, **and** my spouse has coverage available through his or her employer **and** has elected not to enroll in their health plan. (I understand the \$46.15 spousal surcharge will be deducted from my paycheck, and authorize the deduction to be taken out of my paycheck on a "pre-tax" basis.)

Where Applicable:

Spouse's Name: _____

Spouse's Employer Name: _____

Spouse's Employer Group #: _____

Group Medical Plan Name: _____

If this form is not received by the Human Resources Department and your spouse is enrolled in coverage on the City of Greenville/Greenville Utilities Commission's Plan, you will be charged the surcharge for the plan year. No part of the surcharge will be refunded.

If your spouse loses health insurance coverage through his or her employer, you have 31 days to notify the Human Resources Department of such change in writing. Failing to notify the Human Resource Department in a timely manner will bar you from making a change until the next open enrollment period. If your spouse obtains coverage through his or her employer, then you must notify the Human Resources Department within 31 days of such change in writing. Upon such notification, the spouse will be dropped from the coverage under the City/GUC Plan; however, if you fail to notify the Human Resource Department of coverage of your spouse by his or her employer, the spousal surcharge will be collected from your pay retroactively from this certification date in addition to any disciplinary actions that may be imposed. No part of the surcharge may be refunded.

My signature below certifies that the information set forth on this form is true and complete to the best of my knowledge. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify the Human Resource Department in writing within 31 days of such change. I understand that if I falsify any information in this certification that in addition to my responsibility for payment of any surcharges I may be subject to disciplinary action under the Personnel Policies of the City of Greenville up to and including termination.

Name (print):_____

Signature:_____

Employee #:_____

Date:_____

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE CITY OF GREENVILLE/GREENVILLE UTILITIES COMMISSION. THE CITY OF GREENVILLE/GREENVILLE UTILITIES COMMISSION RESERVES THE RIGHT TO REVISE THE TERMS AND CONDITIONS OF THIS DOCUMENT IN WHOLE OR IN PART AT ANY TIME. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.