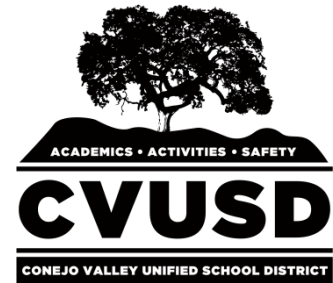


Mark W. McLaughlin, Ed.D
Superintendent

Shauna B. Ashmore
Assistant Superintendent
Human Resources



CONEJO VALLEY UNIFIED SCHOOL DISTRICT (CVUSD)

SPOUSE/REGISTERED DOMESTIC PARTNER MEDICAL BENEFIT VERIFICATION

Please read this information carefully. This information only pertains to medical coverage (not dental or vision).

If a spouse or registered domestic partner can obtain health insurance from their employer for any medical plan offered that has an out of pocket premium cost of \$400 or less, they must enroll in that plan as primary coverage. A spouse or registered domestic partner may enroll in the CVUSD plan as secondary coverage for a cost of:

- Kaiser Permanente - \$125 per month
- Anthem Blue Cross - \$250 per month

Please note: HMO and PPO plans will vary in the coordination of billing primary versus secondary. It is the employee's responsibility to contact their medical carriers regarding primary and secondary billing to find out if there is a coordination of benefits between a spouse's or registered domestic partner's primary medical plan and a CVUSD secondary medical plan.

Please visit the District website <https://www.conejousd.org/Page/1599> for benefits information.

Return the form to:

Elizabeth Grigsby
Benefits Specialist
(805) 498-4557 x7411
egrigsby@conejousd.org



Conejo Valley Unified School District

750 Mitchell Road, Newbury Park, CA 91320

Telephone (805) 498-4557

Spouse / Domestic Partner Medical Coverage Verification

Employee Name: _____

Spouse/Domestic Partner Name: _____

Spouse/Domestic Partner's Employer's Name: _____

Spouse/Domestic Partner's Employer's Address: _____

Spouse/Domestic Partner's Employer's Phone #: _____

Please select the appropriate option:

CVUSD Employee's Spouse/Domestic Partner...

_____ can obtain HMO or PPO single-party medical coverage through employer's health plan at a monthly cost of \$400 or less; do not enroll my Spouse/Domestic partner in CVUSD medical coverage.

_____ can obtain HMO or PPO single-party medical coverage for less than \$400 per month as above, but enroll Spouse/Domestic Partner on CVUSD plan as secondary coverage.

_____ cannot obtain either HMO or PPO single-party medical coverage through Spouse/Domestic Partner's employer's health plan. ¹

_____ can only obtain HMO or PPO single-party medical coverage through employer's health plan at a monthly out of pocket cost higher than \$400. ²

_____ cannot obtain medical due to: ___self-employment ___not employed ___retired ___on Medicare

¹ A letter from the employer, on company letterhead, stating that no coverage is available must be attached to this form.

² A medical plan summary of benefits from employer documenting the costs of medical coverage and verifying that single-party PPO or HMO medical coverage is not available at a monthly cost less than \$400. *If your spouse/partner receives a stipend for a cafeteria plan, that stipend must be applied toward single-party medical coverage.*

Certification

I hereby certify that the above statements are true and correct, and I understand that, to ensure the benefits are coordinated properly, CVUSD may verify the accuracy of information by conducting audits, contacting me, my spouse's/domestic partner's employer, and/or insurance plan. It is fraudulent to knowingly fill out this form with any information that is false.

I understand that this form must be completed and submitted with any other required information in order to cover my spouse/domestic partner on CVUSD's health plan. Incomplete forms and/or forms missing participant's and spouse's/domestic partner's signatures will be returned. If any information on this form changes, a new form must be submitted within 30 calendar days.

I declare under penalty of perjury that all information provided is accurate and I fully understand the spouse/domestic partner eligibility requirements. Failure to provide true and correct information, or failure to report a change in eligibility of a spouse/domestic partner, may result in termination of the employee's health coverage (as well as any covered dependents), and the employee will be reported to Personnel Services for disciplinary action. CVUSD employees are subject to collection for reimbursement of medical costs paid for spouses/domestic partners enrolled in CVUSD medical coverage using fraudulent information.

Signature: _____
Employee

Date: _____

Signature: _____
Spouse/Domestic Partner

Date: _____