



Spousal Employer Certification/Eligibility Affidavit

Gold Medical Plan Only

To be Completed by: Any employee of UToledo applying for medical insurance coverage on the Gold medical plan to include their legal spouse, and their legal spouse works at an employer other than UToledo.

UToledo Employee Information (please print/sign where applicable)

| | |
|---------------------------|-----------------|
| Employee Name | Rocket # |
| Employee Signature | |

Any legal spouse making greater than \$25,000 per year and eligible for medical insurance through their employer must enroll in their employer-sponsored medical plan before they can be covered under the UToledo plan. If the legal spouse makes less than \$25,000 per year **and** the lowest cost for single coverage on their employer plan is greater than \$75/month, the legal spouse may be covered as primary on the UToledo Gold medical plan.

To be Completed by Spouse (please print/sign where applicable)

| | |
|-----------------------------|-----|
| Spouse Name | |
| Spouse Date of Birth | / / |
| Spouse Signature | |

By signing above, I authorize release of my health insurance coverage information below and authorize its use in accepting the application for UToledo medical insurance coverage on the Gold plan.

To be Completed by Employer of Spouse (please print/sign)

| | Yes | No |
|--|-----|----|
| 1. Is the person named as spouse above eligible for medical insurance with your organization? If NO, stop here and fill in contact information at bottom. | | |
| 2. Does the person named as spouse above make more than \$25,000 per year? | | |
| 3. Does your organization provide a medical plan where the employee-share of the premium is less than \$75/month? | | |
| If #2 is answered 'yes', spouse must be enrolled in employer plan and would be eligible for secondary coverage through UToledo. | | |

| | |
|--|---|
| What is the name of your organization's medical carrier? | What is your organization's medical group plan #? |
|--|---|

For example, the UToledo medical carrier is Medical Mutual and the UToledo group plan# is 190735.

| | |
|-------------------------------|---------------|
| Completed by: | Title: |
| Employer/Organization: | |
| Date: | Phone: |

Employee, please send completed form back to benefits@utoledo.edu or upload in the Document Upload link in your myUT portal under **Benefits Information**.