



CHARLOTTEVILLE CITY SCHOOLS

Attached to this instruction page is an Attestation for Health Care Enrollment. If you are enrolling your spouse in your medical plan, you will need to complete the attached Attestation Form in order to waive the spousal surcharge. Please follow the instructions below:

- Print this document which includes the Attestation Form
- Complete your benefit enrollment online (www.vbas.com) including any dependents you would like to add/change/remove
- Your medical election will pend for approval until your Attestation form has been completed and received. The completed Form **MUST** be returned within 30 days of enrolling online. If the form is not received, you will automatically be assessed the spousal surcharge.
- Submit the completed Attestation form to the below location:
The form can be scanned and e-mailed to benefits@charlottevilleschools.org or faxed to 434 422 5519.
- Once your completed Attestation form has been received, you will receive an email notification that your online enrollment account has been updated. You may log into Vbas.com to view the 'Requests' tab located at the top of your screen.

Thank you.

Charlotteville City Schools
Benefits Team



CHARLOTTESVILLE CITY SCHOOLS

HEALTH PLAN SPOUSAL ATTESTATION FOR HEALTH CARE ENROLLMENT

Spouses of Charlottesville City Schools (CCS) employees will continue to be eligible for enrollment in the CCS Health Plan as a dependent if:

- i. My spouse does not have access to affordable health care coverage through his/her employer that provides minimum value and the spouse is not eligible for Medicare
- ii. My spouse is unemployed
- iii. My spouse is employed in a health benefits-eligible position by CCS

Employees who want to cover their eligible spouse on the CCS Health Plan must complete the Spousal Affidavit. Employees whose spouse is currently enrolled on the health plan and does not meet the new eligibility criteria should not sign the affidavit. If this affidavit is not signed and returned, but spouses are re-enrolled on the employee's health care plan a \$250 surcharge will be applied each month to the employee's health insurance premium.

SPOUSAL ATTESTATION

I attest the following:

- My spouse does not have access to affordable health care that provides minimum value through his/her employer and is not Medicare eligible
- My spouse is unemployed
- My spouse is employed by CCS in a health benefits-eligible position

I agree that if my spouse does not currently have access to affordable health care through his/her employer that provides minimum value, but gains it at a later date, I will notify the CCS Human Resources Department within 30 days of such an event. I further understand that on the 1st day of the month following the date my spouse becomes eligible for affordable health care through his/her employer that provides minimum value, I will no longer be allowed to cover my spouse under the CCS Health Care Plan unless a mid-year qualifying event changes the ineligibility of my spouse.

I attest that the above information is accurate to the best of my knowledge as of the date that I sign and submit this Attestation. I further attest that I understand that if this information is later found inaccurate, I may be terminated from the CCS health plan for up to three years and may be subject to disciplinary action, up to and including termination of employment.

Employee Name

Employee Signature

Date

Employee ID Number