

Health

HOOSIER SCHOOL BENEFIT TRUST (HSBT) GROUP BENEFIT PLAN SPOUSAL CARVE OUT NOTICE / DEPENDENT VALIDATION

Please read and complete this form. If applicable, please return all supporting documentation with your enrollment form.

HSBT has a spousal carve-out provision in the medical plan. As such, if the spouse of a HSBT health plan participant is employed and eligible for coverage under his/her employer's health plan, that spouse is required to enroll in that plan.

Please note there are certain exceptions that will allow for your spouse to remain on the HSBT group health plan as "primary".

- If your spouse's employer does not offer health coverage.
- If your spouse is employed part-time and is not eligible for health coverage under the employer's plan.

If you wish to elect coverage for your spouse under the Hoosier School Benefit Trust Group Health Benefit Plan please complete the following information and have it verified by your spouse's employer:

Employee name: _____

Spouse name: _____

Is your spouse employed? __Yes __No

If yes, please provide: Name of Employer: _____
Address of Employer: _____
Phone of Employer: _____
Contact Name: _____

Is medical coverage available? __Yes __No

Is your spouse covered under the plan? __Yes __No

Signature of the Employer's contact to verify the coverage information: _____ Date: _____

I declare that the information I have furnished above, to the best of my knowledge is true, complete and correct. Furthermore, I understand it is my obligation to advise my employer should my spouse become eligible for other coverage. I accept personal responsibility for any claims that might be paid incorrectly because my spouse was eligible for coverage elsewhere.

Signature of Employee: _____ Date: _____