

# Spouse: Working Spouse Rule Form

The Plan's Working Spouse Rule states that if enrolling a spouse, you must confirm whether they are working for an employer that offers health plan coverage. If a spouse is working for an employer who offers a health plan, the Plan requires them to enroll in that employer-sponsored coverage in order to be eligible for Plan coverage.

## HOW TO SUBMIT THIS FORM

Email to [PSD@sagaftraplans.org](mailto:PSD@sagaftraplans.org)

### Or

Mail your completed form to:  
P.O. Box 7830  
Burbank, CA 91510-7830

## Spouse

LAST NAME	FIRST NAME	DATE OF BIRTH	PARTICIPANT ID (HCID)
-----------	------------	---------------	-----------------------

### EMPLOYMENT STATUS

- Employed — Complete sections 1, 2 & 3  
 Self-Employed — Skip to section 3  
 Not Employed — Skip to section 3

## Section 1. Employer Information

EMPLOYER'S NAME

MAILING ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
-----------------	------	-------	----------	--------------

## Section 2: Does the employer offer health insurance (medical, hospital and prescription drug coverage)?

Select one of the following:

- Spouse has chosen not to enroll for their employer's health insurance.\*  
 Spouse is a new hire and waiting to start their employer's health insurance. Waiting period end date \_\_\_\_\_  
 Spouse is covered by their employer's health insurance. Please provide details below:

POLICY TYPE <input checked="" type="checkbox"/> Group (through employer)	HEALTH PLAN NAME	
POLICY NUMBER	PHONE NUMBER	EFFECTIVE DATE

### TYPE OF COVERAGE

- Medical/Hospital    Rx    Dental    Vision    Mental Health

## Section 3: Declaration Statement

I confirm that the details provided are truthful and accurate. I understand that I must notify the Health Plan as soon as possible and at least within 30 days of any changes to my spouse's entitlement to coverage offered through their employer. I understand that as part of the Plan's periodic audit process, I may be asked to provide additional documentation supporting these statements and that if the Plan determines my spouse was not eligible for coverage, I may be responsible for reimbursing the Plan for any benefit costs incurred during the time my spouse was ineligible.

SIGNATURE OF PARTICIPANT

DATE

\*Based on the requirements of the Working Spouse Rule the spouse will be dis-enrolled from coverage. For more information, go to [sagaftraplans.org/wsr](http://sagaftraplans.org/wsr)