

**Alliance Coal Health Care Program | 2021 Spousal Health Care Affidavit**

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Please complete this required form regardless of your marital status. If your spouse works for another employer and is eligible for major medical health care coverage, he or she must choose at least single major medical coverage through his or her employer to have dependent coverage under the Alliance Coal Health Care Program. The Alliance Coal Health Care Program will provide only secondary coverage to the plan that covers your spouse. If he or she does not enroll for the other employer's coverage, your spouse will have no coverage under the Alliance Coal Health Care Program. Please refer to the other side of this form titled "Working Spouse Rule" for more information.

**Please read all seven options and check one.** If you do not provide the necessary information, your spouse is not eligible for coverage under the Alliance Coal Health Care Program.

- I am unmarried.
- My spouse is not employed or is self-employed with no major medical health care coverage available.
- My spouse is employed but is NOT eligible for major medical health care coverage through his or her employer.
- My spouse is retired and/or disabled and is enrolled in a Medicare or Medicare Advantage/Retiree policy which will be secondary to the Health Plan.
- My spouse will become eligible for major medical health care coverage through his or her employer on the following date: \_\_\_\_\_
- My spouse is employed and is enrolled in major medical health care coverage through his or her employer. I understand that my spouse's coverage under the Alliance Coal Health Care Program will be secondary to the health care coverage through his or her employer. (Please provide your spouse's insurance information in the space listed below.)
- My spouse declines coverage through the Alliance Coal Health Care Program.

<b>Name of Insurance:</b>	<b>Spouse's Name:</b>
<b>Spouse's Date of Birth:</b>	<b>Spouse's Cell Phone #:</b>
<b>Effective Date:</b>	<b>Member ID #:</b>
<b>Group ID #:</b>	<b>Policy Holder's Name (if not spouse):</b>

I understand and acknowledge the following:

- The Alliance Coal Health Care Program reserves the right to request supporting documentation and proof necessary to verify the representations I have made in this affidavit.
- It is my responsibility to notify my local Human Resources representative within 31 days of any changes in the information provided above.
- If I enroll for or continue my working spouse's coverage without his or her employer's coverage in effect and the Alliance Coal Health Care Program erroneously pays benefits for my spouse, I must reimburse the Alliance Coal Health Care Program for its overpayment. The Alliance Coal Health Care Program may reduce my future benefits to collect this reimbursement.
- If I knowingly provide false information on this affidavit or in support of this affidavit, I may be subject to disciplinary action, including termination of employment.

I certify that the information provided is true, correct, and current.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the completed affidavit to your HR representative.**

## Alliance Coal Health Care Program | 2021 Spousal Health Care Affidavit

### Working Spouse Rule

If your spouse works for another employer and is eligible for major medical health care coverage, he or she must choose at least single major medical coverage through his or her employer to have dependent coverage under the Alliance Coal Health Care Program. The Alliance Coal Health Care Program will provide only secondary coverage to the plan that covers your spouse. If he or she does not enroll for the other employer's coverage, your spouse will have no coverage under the Alliance Coal Health Care Program. Once your spouse obtains such other coverage, you can re-enroll your spouse for coverage under the Alliance Coal Health Care Program in the manner as directed by the Plan Administrator. Your spouse's coverage will take effect as soon as administratively possible after the Plan Administrator's receipt of the re-enrollment and verification of the other coverage.

If you seek to enroll your spouse in Alliance Coal Health Care Program coverage, you must complete and return a completed Spousal Health Care Affidavit. If you do not return a completed affidavit, your spouse will not be eligible for coverage.

Note: If you enroll for or continue your working spouse's coverage without his or her employer's coverage in effect and the Plan erroneously pays benefits for your spouse, you (the employee) must reimburse the Plan for its overpayment. The Plan may reduce your future benefits to collect this reimbursement.

The "Working Spouse Rule," as described above, does not apply if your spouse is **only** eligible for health care coverage that is determined by the Plan Administrator to be preventive-only coverage or supplemental coverage. However, if your spouse is eligible for major medical health care coverage, in addition to preventive-only coverage and/or supplemental coverage, he or she must choose at least single coverage through his or her employer's major medical health care coverage to have dependent coverage under the Alliance Coal Health Care Program.

For purposes of this Working Spouse Rule, the following definitions apply:

- Major medical health care coverage provides coverage for a broad range of inpatient and outpatient health care services, as well as prescription drugs and preventive services. Major medical health care coverage covers conditions caused by accidents or illness.
- Preventive-only coverage provides coverage only for preventive services, such as immunizations, lab tests, screenings, and other services that are intended to prevent illness or detect problems before you notice any symptoms. Preventive-only coverage does not cover any inpatient or outpatient hospital services and does not cover conditions caused by accidents or illness.
- Supplemental coverage provides coverage for items and services that are not covered by major medical health care coverage, or that provides coverage for coinsurance, copays, and deductibles under major medical health care coverage.

The Plan Administrator has full discretion and authority to interpret and apply these definitions.

**Please return the completed affidavit to your HR representative.**