Virginia Private Colleges Benefits Consortium

Affidavit for Enrolling Your Spouse in the Medical Plan

Effective January 1, 2021, employees’ spouses who have access to affordable, minimum essential coverage that provides minimum value* through another employer will no longer be eligible for medical coverage in the Virginia Private Colleges Benefits Consortium (“VPCBC”) medical plan. This eligibility change helps VPCBC maintain affordable coverage for our employees, their spouses who do not have access to another employer’s medical coverage, and dependent children.

Three populations of spouses will continue to be eligible for enrollment as your dependent:

- spouses who are not employed;
- spouses who are employed but do not have access to affordable, minimum essential coverage that provides minimum value through their employer; and
- spouses who are employed by a VPCBC member school, including the school where you are employed.

To be eligible to participate in the VPCBC medical plan, you and your spouse must currently be legally married.** However, if your spouse is employed, and any medical coverage other than (i) COBRA coverage, (ii) Medicare, or (iii) a medical flexible spending account under a cafeteria plan which will be funded solely by your spouse’s contributions is available to them through their current employer (whether or not your spouse actually enrolls in such coverage) then you and your spouse understand that your spouse is NOT eligible to participate in the VPCBC medical plan.

Spousal Affidavit

I wish to enroll my spouse in the VPCBC medical plan and my spouse and I each hereby certify that:

______ My spouse is not employed.
______ My spouse is employed but does not have access to affordable*, minimum essential coverage that provides minimum value as defined by the Affordable Care Act because (check all that apply):
   _____ My spouse is self-employed.
   _____ My spouse works part-time (an average of less than 30 hours/week).
   _____ My spouse’s employer does not offer a health insurance plan.
   _____ Other (explain): ___________________________________________

______ My spouse is employed by a VPCBC member school.

Name, Address and Phone Number of Spouse’s current Employer (answer “None” if spouse is not employed):

_____________________________________
_____________________________________
_____________________________________

_____________________________________
_____________________________________
_____________________________________

_____________________________________
_____________________________________
We reserve the right to contact your spouse’s employer to verify if medical coverage is available or to request a letter from the employer.

If my spouse does not currently have access to affordable health care that provides minimum value through their employer but gains it later, I agree to notify my Human Resources Department within 30 days. I further understand that on the 1st day of the month following the date my spouse first becomes eligible for affordable, minimum essential coverage that provides minimum value; I will no longer be allowed to cover my spouse under the VPCBC medical plan unless they later lose their eligibility for their employer’s medical plan.

I attest that the above information is accurate to the best of my knowledge as of the date that I sign and submit this affidavit. I further attest that I understand that if this information is later found not to be accurate, I may be terminated from the medical plan for up to one year.

Employee Name _____________________________ Signature ______________________________
Date _______________________________________

Important Reminders

It is the employee’s duty and responsibility to monitor all paycheck stubs to ensure that premium reductions are being taken out accordingly.

In addition, it is the employee’s duty and responsibility to collect and accurately report their spouse’s status to VPCBC during open enrollment. The penalty for reporting false information on the Spousal Affidavit is loss of coverage for the remainder of the plan year.

* Affordable, minimum essential coverage that provides minimum value as defined by the Affordable Care Act means health coverage that is affordable (that is, the employee portion of the Employee-Only premium for the employer’s lowest-cost coverage does not exceed a threshold percentage, set each year by the IRS, of the employee’s income) and provides minimum value (that is, the health plan pays at least 60 percent of the total allowed costs of benefits provided under the plan).

Note: All employers must provide information to their employees in one of their health plan documents, the Summary of Benefits and Coverage, informing them whether their employer-sponsored coverage meets the minimum value standard. In addition, all employers must provide a notice to all employees beginning October 1, 2013 regarding coverage options available through the Health Insurance Marketplace or Exchange. In this notice, employers may indicate if the employer-based coverage meets the minimum value standard and the cost of the coverage is intended to be affordable, based on employee wages. Consult your spouse’s employer if you have questions regarding the affordability and minimum value status of their employer-sponsored coverage.

** Certain VPCBC member schools have extended coverage to unmarried domestic partners. Check with your Human Resources Department.