

**KOSCIUSKO COUNTY GOVERNMENT**  
***Affidavit of Spousal Health Care Coverage***

Employee: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

1. Is your spouse employed?

☐ Yes Place of Employment: \_\_\_\_\_

☐ No

2. If yes, is your spouse eligible to receive medical insurance offered by their employer?

☐ Yes Name of Carrier: \_\_\_\_\_

☐ No

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Spousal carve-out is a plan provision that restricts coverage for employee's spouses who are eligible for other coverage, such as through the spouse's employer.

Effective October 1, 2020, Kosciusko County Government will implement a Complete Spousal Carve-Out. If an employee's spouse is eligible for health coverage under his/her employer sponsored plan, the spouse is not eligible under KCG's plan.

I certify that the information provided on this form is a true and correct representation. I understand that a deliberate misrepresentation of the facts of this affidavit may result in termination of this dependent's medical coverage.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

HR \_\_\_\_\_