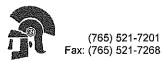
New Castle Community School Corporation

Community Education Center, 322 Elliott Avenue, New Castle, IN 47362

Dr. Matthew Shoemaker, Superintendent Ms. Lisa Smith, Assistant Superintendent Ms. Sherri Bergum, Director of Curriculum & Elementary Programs Ms. Megan Bell, Chief Financial Officer



August 15, 2019

New Castle Community School Corporation - Spousal Eligibility Requirement

Effective September 1, 2019, if your spouse is employed and has employer-subsidized medical benefits available, your spouse must enroll in that employer's medical plan. If your spouse is not employed or if there is no employer provided medical benefits available, then your spouse will remain eligible for coverage under the New Castle Community School Corporation plan. Anyone enrolling a spouse on the plan starting September 1, 2019 will need to complete the Working Spouse Questionnaire, and the spouse's employer will need to complete and sign the Employer Healthcare Verification.

Sincerely,

Megan Bell

Chief Financial Officer

New Castle Community School Corporation





Working Spouse Questionnaire

All employees who wish to cover their spouse on the New Castle Community School Corporation benefit plan must complete the following coverage inquiry form with regard to their spouse. Effective 9/1/19, spouses may have coverage under this plan <u>only</u> if they are unemployed or coverage is not available at their place of employment or they are not eligible for such coverage.

Employee Name:
Spouse's Name:
Is your spouse employed? If "YES", please complete the remainder of the form. If "NO", please sign and date the form at the bottom of the page.
Spouse's Employer:
Spouse's Employer Address:
1. Is your spouse offered Medical Coverage ☐ YES ☐ NO
2. Is your spouse enrolled in Medical Coverage where she/he is employed? □ YES □ NO
If your spouse does not have coverage available through his/her place of employment, or he/she is ineligible for such coverage, please have your spouse's employer complete the other side of this form.
Failure to disclose other available health insurance may result in loss of benefits or termination of employment.
Employee Signature:
Date Of Signature:



Date:



Employer Healthcare Verification

The New Castle Community School Corporation Employee Benefit Plan has a spousal eligibility requirement. Please answer all of the questions below with regard to your employee and return this form to that individual.