

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



(765) 521-7201
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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,

A handwritten signature in cursive script that reads "Megan Bell".

Megan Bell
Chief Financial Officer
New Castle Community School Corporation



Unified
Group Services

Street, 3131 East 67th Street, Anderson, IN 46013
Mailing, PO Box 10, Pendleton, IN 46064
800-291-5837 • www.UnifiedGrp.com
"We take care of the Customer ... and then some!"



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 *only* 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? YES NO

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: _____



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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.

Thank You, Unified Group Services, Inc.

1. Is Medical Coverage offered to your employees? YES NO
If so, when is your Open Enrollment? _____
2. Is this employee eligible to participate in your Medical Coverage plan?
If No, please give reason: _____
3. Is this employee currently covered under your Medical Coverage plan? YES NO

Company Representative Signature: _____

Company Representative Printed Name: _____

Telephone Number: _____

Date: _____