

Kalamazoo College
Certification of health plan eligibility of spouse or domestic partner

Please complete this form if you elect to cover your eligible spouse or domestic partner as your dependent under the College's health insurance plan.

Spouse/Domestic Partner Coverage Rule

Many family units include two working adults who each have access to a health plan partially paid for by their employer. Other employers are beginning to take the approach that each employer should accept primary coverage responsibility for their own employees. Effective with the 2009 health plan year, an employed spouse or partner of a Kalamazoo College faculty or staff member who has health insurance coverage available through his/her own employer, and that employer contributes at least 50% of the cost of coverage, may enroll as a dependent in Kalamazoo College's health plan only if he/she is enrolled for primary coverage through his/her employer.

Your full name (please print) _____	
Is your spouse/domestic partner employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate the name of your spouse/partner's employer _____	

Does your spouse/partner have group health coverage available through his/her employer?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, does that employer pay at least 50% of the cost of the coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your spouse/partner enrolled in that coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ Your signature	_____ Date