

**Joint Insurance Health Plan Trust for  
The Benefit of North Ridgeville City School District Employees  
MANDATORY ENROLLMENT FOR SPOUSAL COVERAGE  
CERTIFICATION FORM**

**To the Policyholder:**

The Health Trust must have verification of mandatory spousal status in order to provide coverage for your spouse. You and your spouse must complete and sign this form. Once the form has been completed, please forward it to North Ridgeville Treasurer's Office.

1. Employee Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

2. Spouse Name: \_\_\_\_\_

3. Is your spouse employed?  Yes  No If Yes,  Full-time  Part-time

4. Name, address of spouse's employer and telephone number: \_\_\_\_\_

*Employer name*

\_\_\_\_\_

*Address*

*Telephone number*

5. Does spouse's employer offer health insurance  Yes  No

6. If, yes, is spouse enrolled?  Yes  No

7. If yes, identify the policy number, effective date, name and address of the insurance carrier:

\_\_\_\_\_

*Medical Policy number*

*Insurance Co. Name*

*Address*

*Effective Date*

\_\_\_\_\_

*Drug Policy number*

*Insurance Co. Name*

*Address*

*Effective Date*

8. If yes, indicate type of coverage:  Medical  Drug  Dental  Vision  Single or  Family Policy

9. If yes, is the medical plan a Health Savings Plan?  Yes  No

10. If no, explain why your spouse is not enrolled: \_\_\_\_\_

11. Does your spouse's employer's health plan conduct an annual open enrollment period  Yes  No

12. If yes, when is the open enrollment period \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge. I agree to permit the North Ridgeville Health Trust Manager to contact my spouse's employer to verify this information. I understand that non-compliance with the mandatory spousal eligibility requirement can result in loss of insurance coverage for myself and my dependents.

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Spouse Signature/Date