MICHIGAN STATE
UNIVERSITY

MSU Human Resources

2020 Health Plan Affidavit for Spouses

Employee Name _____ **Last 4 Digits of Social Security Number** _____

Michigan State University requires that spouses eligible for health plan coverage through another employer for an annual employee premium cost of $1,400 or less, must enroll in that employer's coverage in order to enroll/maintain coverage through MSU.

Please answer the following question:

Is your spouse or Other Eligible Individual eligible for another employer's health plan for an annual employee premium cost of $1,400 or less for "employee only" coverage? **Yes** **No**

If you answered "**YES"**, your spouse MUST enroll in his/her employer's health plan to remain covered under any of MSU's health plans. Please provide the following information:

Name of other health plan: _____

Name of other employer: _____

If you answered "**NO"**, you may cover your spouse on your MSU health plan coverage since he/she is not eligible for health plan coverage through his/her employer at an annual employee premium cost of $1,400 or less.

If your spouse subsequently becomes eligible for "employee only" health plan coverage through his/her employer at an annual employee premium cost of $1,400 or less, he/she must enroll in the other employer's health plan coverage in order to maintain coverage under an MSU health plan. The other employer's health plan will be primary for your spouse.

I understand that providing false information could result in disciplinary action up to and including termination of employment. I also understand that I am responsible for the cost of any benefits paid on behalf of my spouse that were not eligible for coverage through an MSU health plan.

_____ _____
Employee Signature Date

Return by January 31, 2020 to: Michigan State University Human Resources
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