

Brevard Public Schools Medical Plan Affidavit¹

To be completed by ALL retirees enrolling for coverage in the BPS Health Plan

Last Name:	First Name:	Middle Initial:	ID#:
TOBACCO USE			
1. I use tobacco products:* Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. I am enrolling my spouse for medical coverage: YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. My spouse uses tobacco products:* Yes <input type="checkbox"/> No <input type="checkbox"/>			
* If either or both use tobacco, a \$50/month surcharge will be added to your medical premium.			
SPOUSE INFORMATION			
I affirm that _____ is my current, legal spouse. (Name of Spouse)			
1. Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO," then skip questions 2 & 3. Sign and date.			
2. If your spouse is employed, is he/she eligible for medical insurance offered by his/her employer? <input type="checkbox"/> Yes If "YES," then go to question 3. <input type="checkbox"/> No If "NO," then skip question 3. Sign and date.			
3. If your spouse's employer offers medical insurance, is your spouse enrolled in it? <input type="checkbox"/> Yes If "YES," you will not be assessed \$250 per month surcharge if you enroll your spouse in our plan; however, the BPS Health Plan will become <i>secondary</i> coverage for your spouse. <input type="checkbox"/> No If "NO," you will be assessed a \$250 per month surcharge <i>in addition to</i> the insurance premium if you have enrolled your spouse in the BPS Health Plan.			
<i>I acknowledge that if there is any change of spousal status, or any change to the answers provided above, then I must notify the Benefits Office at Brevard Public Schools <u>within 30 days of the change.</u></i>			

By signing below, you are certifying that the information you provided above is true and correct. You understand that a deliberate misrepresentation of the facts may result in the termination of your and/or your spouse's medical coverage. In addition, you may be held responsible for funds paid to medical providers on your spouse's behalf.

Signature

Date

Please return this form to:

Brevard Public Schools
Attn: Office of Employee Benefits/Retiree Open Enrollment
2700 Judge Fran Jamieson Way
Melbourne, FL 32940-6601

¹ IMPORTANT: If this document is not completed and returned to BPS, you will automatically be assessed the \$250/month Spousal surcharge.

Florida Statute 817.234 - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.