

Brevard Public Schools Medical Plan Affidavit¹

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

Last Name:	First Name:	Middle Initial:	ID#:
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TOBACCO USE

1. I use tobacco products:* Yes No

2. I am enrolling my spouse for medical coverage: YES NO

3. My spouse uses tobacco products:* Yes No

** 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 actively employed?

- Yes
- No

If "NO," then skip questions 2 & 3. Sign and date.

2. If your spouse is actively employed, is he/she eligible for medical insurance offered by his/her employer?

- Yes
- No

If "YES," then go to question 3.

If "NO," then skip question 3. Sign and date.

3. If your spouse's employer offers medical insurance, is your spouse enrolled in it?

- Yes
- No

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 *secondary* coverage for your spouse.

If "NO," you will be assessed a \$250 per month surcharge *in addition to* the insurance premium if you have enrolled your spouse in the BPS Health Plan.

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 within 30 days of the change.

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

Submit completed form to the Employee Benefits Office at ESF

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.