

# Brevard Public Schools Medical Plan Affidavit<sup>1</sup>

**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**

**<sup>1</sup> 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.