



Galion City Board of Education
Administrative Center
470 Portland Way North
Galion, Ohio 44833
TEL: 419 468-3432
FAX: 419 468-4333
www.galionschools.org

Galion City School District

Certified Employee/Spouse Insurance Coverage

Beginning with 2009-10 hires only: Employees, whose spouse is eligible for insurance coverage elsewhere, shall not be eligible for district coverage unless employee has family coverage. If the employee has a family policy, the spouse may use the Galion City School District policy for secondary coverage.

Written confirmation, from the employer, of unavailability of insurance is required prior to enrollment in the Galion City School District insurance plan. If employment and health insurance availability changes, verification must be resubmitted.

Galion City School District

Spousal Employer Verification Form

Galion City School District maintains a Working Spouse Limitation for its Health Insurance coverage. If the working spouse is not eligible for an employer sponsored medical benefit plan, they will be eligible for primary coverage through Galion City School District.

However, a working spouse who has access to their employer's sponsored medical benefit plan will not be eligible for primary coverage through Galion City School District. The spouse may be eligible for secondary coverage if the school district employee has family coverage.

The employee is required to have the spouse's employer complete this verification in order to determine whether the spouse meets the criteria for the Working Spouse Limitation.

Section I: (Please print or type)	
Eligible Employee	Social Security Number
_____	_____
Spouse's Name	Social Security Number
_____	_____

Employer:

Please mark the appropriate boxes that apply to the above named spouse of Eligible Employee.

Medical Benefits Availability

- Has access to employer sponsored medical benefit plan
- Is eligible for Health Insurance coverage but receives an incentive to elect not to enroll in the company's medical benefit plan
- Does not have access to employer sponsored medical benefits
- Self-employed without employee sponsored benefit package
- Self-employed with an employer sponsored benefit package available to employees

Section II: Company			
Company Name: _____			
Address	City	State	Zip Code
Name of Person Completing Form (Please Print): _____			
Title: _____		Phone Number: _____	
Signature: _____		Date: _____	
The above statements are true to the best of my knowledge.			

Please return to: Galion City School District

Phone: 419-468-3432 ext. 1003

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