



BOWLING GREEN STATE UNIVERSITY

Primary Coverage Spouse Form

Who must complete the form?

Any employee electing Employee plus Spouse or Family coverage whose spouse is primary under the BGSU Health Care Plan, meaning BGSU pays first on all medical claims.

(For continuing employees, this form must be completed annually during each open enrollment period if your spouse is going to continue as primary under the BGSU Health Care Plan.)

BGSU Employee Printed Name \_\_\_\_\_ BGSU ID# \_\_\_\_\_

Please check all that apply to your spouse's employment status:

- Radio button options: Part time (Employer MUST complete Sec. A) \*\*, Full time (Employer MUST complete Sec. A) \*\*, Unemployed, Retired, Student, Self-Employed, BGSU Employee, Does Not Work Outside the Home

BGSU Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the release of the health care plan coverage information request below and authorize its use in accepting the application for BGSU benefit coverage.

Spouse Printed Name \_\_\_\_\_ Spouse Signature \_\_\_\_\_

\*\*A. Eligibility for Other Benefit Coverage - To be completed by spouse's employer:

1. Is the person named above employed full time?

- Radio button options: NO (If NO, please complete bottom of form and return to the address listed below.), YES (If YES, continue to question 2.)

2. Do you offer the person named as spouse above any medical benefit plan that will be at least 70% employer paid in calendar year 2010?

- Radio button options: NO (If NO, please complete bottom of form and return to the address listed below.), YES (If YES, continue to question 3.)

3. Is the person named as spouse above enrolled in the coverage for which he or she is eligible?

- Radio button options: NO (If NO, when is the open enrollment date for your health care plan? \_\_\_\_\_), YES (If YES, please provide the information requested below and complete bottom of form.)

Medical Coverage Yes No Single Family Effective Date of Coverage \_\_\_\_\_

Printed Name & Title of Person Completing Form \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Please return this form to:

BGSU, Office of Human Resources
100 College Park, Bowling Green, OH 43403
Phone: 419-372-2112 Fax: 419-372-2920