

Pipe Fitters Local No. 533 Health and Welfare Plan

8600 Hillcrest Road, Suite A | Kansas City, Missouri 64138 | (p) 816.361.0206 | (f) 816.444.4275

Employed Spouse Coverage Affidavit

Important: please ensure this form is fully completed.

Your response, or lack of response, will impact your spouse's health care coverage.

SECTION I: Pipefitter and Spouse Information

Pipe Fitter Name:	Full Name of Spouse:
Pipe Fitter Date of Birth:	Phone Number:
Address:	

SECTION II: Employer Certification of Spouse's Health Insurance Coverage

NOTE: this section must be completed in full by your Spouse's employer

1. Does your company/organization offer health insurance to your employees that is designed to satisfy minimum essential health coverage requirements under the Affordable Care Act?

Yes No **If the answer to #1 is yes, please proceed to #2. If no, please go to #5.**

2. As of March 31, 2020, is the Spouse named above eligible for your company/organization's health insurance coverage?

Yes No **If the answer to #2 is yes, please proceed to #4. If no, please go to #3.**

3. Why is the Spouse named above not eligible for your company/organization's health insurance coverage as of March 31, 2020?

The Spouse is not a full time employee and company health insurance coverage is not offered to part-time employees.
(if checked, proceed to #5)

The Spouse is in a waiting period until (date): _____
(if checked, proceed to #5)

The Spouse did not enroll during the Open Enrollment Period.
(if checked, proceed to #4)

Other: _____
(if checked, proceed to #4)

4. What is the employee's cost for the least expensive employee-only coverage option available (excluding any voluntary coverage buy ups, e.g. vision, dental, etc.)? \$ _____ per _____. **Please complete #5.**

5. Employer Information:

Name of employer: _____ Phone: _____

Address of employer: _____

Name of Representative (printed) _____ Title: _____

Signature of Representative: _____ Date: _____