

Pipe Fitters Local No. 533 Health and Welfare Plan

8600 Hillcrest Road, Suite A / Kansas City, MO 64138 (ph.) 816-361-0206

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 1: Pipefitters 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, of this year, 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, of this year?

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: _____