



DEPARTMENT OF ADMINISTRATION

Office of Employee Benefits

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DUAL STATE-EMPLOYED SPOUSES DECLARATION FORM

If both state-employed spouses intend to maintain two state employee health plan individual policies, this form does not need to be completed.

If both state-employed spouses intend to be covered under a single state employee health plan family policy, please only complete section 1 and skip section 2.

If both state-employed spouses intend to maintain two state employee health plan family policies covering each other as a dependent, please skip section 1 and only complete section 2.

1. Co-Share Rate & Waiver Coordination

Where two state-employed spouses were both hired on or after June 29, 2014 and are both covered under one state employee health plan family policy, the co-share rate charged shall be based on the income of the higher earner of the two spouses as determined by the annualized total rate of pay. Further, the spouse that does not pay the co-share but is covered under the higher-earning spouse's policy shall not be entitled to receive the waiver payment.

Please provide the below information so that the Office of Employee Benefits can determine the proper co-share rate and waiver eligibility.

Spouse #1 Name: _____ Spouse #1 SSN: _____

Spouse #1 Employing Agency: _____

Spouse #2 Name: _____ Spouse #2 SSN: _____

Spouse #2 Employing Agency: _____

2. Dual Coverage Coordination

Where two state-employed spouses both elect family plan policies and are both family plan policy holders in their own rights, the state employee health plan waives all medical and pharmacy co-pays associated with each policy. There is one single deductible and out-of-pocket maximum for the two policies.

Does your spouse currently maintain a family plan policy covering you as a dependent? *(check one)*

YES _____ *(If yes, provide information below)* NO _____

Spouse's Name: _____ Spouse's SSN: _____

The Rhode Island State Employee Health Plan complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services, free of charge, are available to you. Call (401) 222-3160.