Dear Louisiana Assessors' Association Participant,

To coordinate benefits according to the Medical Plan, the below form needs to be completed and faxed back to **740-699-6163** by December 15, 2022 or mail the form to:

The Health Plan
Attn: COB
1110 Main Street
Wheeling, WV 26003-2704

Claims for your spouse WILL NOT be processed by The Health Plan until this information is received.

Group #0180951100, 0180951101,0180961102

WORKING SPOUSE VERIFICATION

I,_____, hereby acknowledge and agree that Louisiana Assessors' Association Employee Benefit Plan ("the Plan") for 2023 includes a Working Spouse Rule. As an LAA employee/retiree, this rule requires me to verify that, if my spouse is an eligible employee with access to "Comprehensive Medical Coverage" through his or her own employer, my spouse is no longer eligible to be covered by the Plan where the Plan will be the primary payer. My spouse may, however, be covered by the Plan where the Plan is a secondary payer. "Comprehensive Medical Coverage" means coverage for a broad set of medical services, including, but not limited to, doctor's visits, hospital admissions, day surgery, emergency services, mental health and substance abuse and prescription drug coverage and does not include a plan or policy that covers only a fixed dollar amount per day or stay in the hospital, with the patient responsible for all other charges.

My signature below verifies that my spouse is:

- Not eligible for CMC through their employer so they will be enrolled in the LAA plan for primary coverage

- Eligible for CMC through their employer so they are not eligible for primary coverage with LAA; the Plan will be a secondary payer of medical claims

Other Medical Coverage Plan Name: _____

Other Coverage Plan Number: _____

Type of Coverage: Employee Only _____ Family _____

I further agree that should my spouse's eligibility for coverage change during the year, I am responsible to notify LAA of the change so that appropriate changes can be made to my health plan coverage. I further acknowledge that failure to properly report my spouse's eligibility for coverage under the Plan may entitle LAA to recover all benefits that were erroneously paid on my spouse's behalf.

Employee Name (Print Please) Date

_____ _____

Employee Signature

_____

Louisiana Assessors' Association