



Health Plan Eligibility and Deduction Authorization For Two Employee Spouse Discount

Please clearly print below:

<input type="checkbox"/> I (subscriber) would like to apply for the Two Employee Spouse Discount.	
<input type="checkbox"/> I (subscriber) would like to terminate my Two Employee Spouse Discount.	
I (subscriber) request and hereby authorize Fairfax County Public Schools (FCPS) to make the necessary deduction from my pay following the acceptance of my application, and thereafter until otherwise notified, for our health coverage with the following plan(s):	
Check Medical Plan: <input type="checkbox"/> Cigna Open Access Plus (OAP) <input type="checkbox"/> Kaiser Permanente HMO	Check Coverage Level: <input type="checkbox"/> Family (you, your spouse, and your child(ren)) <small>Please note: If you are enrolled in Employee+1 coverage, it is less expensive for two employees to be enrolled in Individual coverage rather than Employee+1 coverage.</small>
Check Dental Plan: <input type="checkbox"/> Aetna Dental DPPO <input type="checkbox"/> Aetna Dental DNO	Check Coverage Level: <input type="checkbox"/> Employee+1 (you and your spouse) <input type="checkbox"/> Family (you, your spouse, and your child(ren))

This form supplements the health and/or dental elections made on the FCPS Medical and Dental Enrollment Form (HR-124). To receive the discounted rate, both employees must be enrolled in the same FCPS health and/or dental plans with one spouse enrolled as a dependent of the other (subscriber). The discounted premium becomes effective the first day of the month following the date of eligibility (provided the application was submitted **within 30 calendar days** of the event), or the first day of the following plan year if the election is made during open enrollment.

Employees who are newly applying for the Two Employee Spouse discount must supply a copy of their marriage certificate as well as a copy of their IRS Form-1040 (or IRS Form-4868 in the event of an extension). The tax form must apply to the most recent tax year and indicate a filing status of "Married filing jointly" or "Married filing separately".

By signing this form and providing the necessary required documentation, both employees certify they are married to one another and are both employed by FCPS in benefits eligible positions. Both employees are responsible for notifying the Office of Benefit Services **within 30 calendar days** of any change in status which would cause loss of eligibility for the discounted rate, including:

- Divorce
- Termination of FCPS employment by either spouse, or cessation of employment in a benefits eligible position
- Commencing a leave of absence (LOA)

Should either employee fail to notify the Office of Benefit Services within the required timeframe, the spouse who has had the health deduction will be responsible for repaying any premium discount for which he/she was no longer eligible.

Should eligibility terminate due to either spouse commencing a Leave of Absence (LOA), **both employees must re-apply to resume the discounted rate upon the spouse's return to active status.** Application must be made **within 30 calendar days** of date of return to eligible status.

Both employees maintain responsibility to keep informed of any changes to the plan that might affect their eligibility.

>> Subscriber	>> Spouse
Subscriber's name	Spouse's name
Subscriber's Social Security number or Employee ID	Spouse's Social Security number or Employee ID
Subscriber's signature	Spouse's signature

When complete:

- Scan and submit form to: [FCPS StaffConnect](#)
- Or fax to: Office of Benefit Services at 571-423-5000
- Or mail to: Department of Financial Services
Office of Benefit Services, Suite 2700
8115 Gatehouse Road
Falls Church, VA 22042

To be completed by the Office of Benefit Services. Coverage effective date: _____