

DETERMINATION OF SPOUSE ELIGIBILITY FOR HEALTHCARE BENEFITS

Does your spouse make over the cap?

	Maximum Annual Income	Maximum Bi-weekly Income
Zone 1 <i>(Imperial County, Riverside County, San Bernardino County)</i>	\$58,615.16	\$4,884.60
Zone 2 <i>(Orange County, San Diego County)</i>	\$66,768.59	\$5,564.05

Employee Name: _____

Work Location: _____

Current Assignment: Zone 1 Zone 2

Spouse Name: _____

Spouse Annual Income: _____
If applicable.

Please read through this form and fill out accordingly.

Y / N

My spouse is currently: Unemployed Retired

My spouse is currently employed by the conference:

<input type="checkbox"/> Conf. Office	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
<input type="checkbox"/> Ministry	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
<input type="checkbox"/> Education	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

My spouse is employed and is eligible for healthcare coverage through the conference.
(copy of W-2 or 1040 must be submitted for income less than table above)

My spouse's earnings exceeds the salary cap and I **do not** wish to buy-in coverage for them.

My spouse's earnings exceed the salary cap and I wish to add **buy-in** coverage for my spouse.

I authorize a monthly payroll deduction for **buy-in** coverage for my spouse:

<input type="checkbox"/> Adventist Risk	\$928.24	<input type="checkbox"/> HCAP (<i>Vision</i>)	\$43.14
<input type="checkbox"/> Kaiser	\$829.343	<input type="checkbox"/> Delta Dental	\$46.09

Employee Signature

Date

*Note: Zones depend on what county you work in not where you live *