

SUNSHINE COMMUNITIES

Annual Spousal Eligibility Affidavit

(Medical Insurance Participation)

To: Staff Eligible to Participate in Sunshine's Medical Insurance

From: Laurie Shipp, Benefits Manager

Policy Notice

Per Sunshine's policy, spouses of employees are **not eligible** for coverage under Sunshine's Medical Insurance Plan if they are eligible for coverage through their own employer.

However, if the spouse's employer pays **less than 50%** of the total cost of coverage, the spouse **may** enroll in Sunshine's plan.

Please review the options below and check the one that applies to your situation. Attach all required documentation as indicated.

1. Is your Spouse Employed?

☐ Yes Employer Name _____ Employer Phone _____

☐ No If No, skip question 2. Sign, date and return this form to: hrdocs@sunshine.org

2. Does your Spouse have medical insurance through his/her employer, but the employer pays less than 50% of the cost of coverage?

☐ Yes I understand my Spouse is eligible for Sunshine's plan under these circumstances.

☐ No I understand my Spouse is Not eligible for Sunshine's plan.

***Attached: Employer documentation showing coverage cost and employer contribution.**

Employee Acknowledgment

My signature below indicates that the above information is true and accurate. I also understand that if my spouse's circumstances change and coverage becomes available, I must notify Sunshine **within 30 days** of that change.

Employee Name (printed): _____

Date: _____

Employee Signature: _____