

Surviving Spouse: Annual Update and Working Spouse Rule Form

The Plan's Working Spouse Rule states that if enrolling a spouse, you must confirm whether they are working for an employer that offers health plan coverage. If a spouse is working for an employer who offers a health plan, the Plan requires them to enroll in that employer-sponsored coverage in order to be eligible for Plan coverage. **Please note that if you remarry, your coverage under the SAG-AFTRA Health Plan (the Plan) will cease as of the date of marriage.**

HOW TO SUBMIT THIS FORM

Email to PSD@sagaftraplans.org

Or

Mail your completed form to:
P.O. Box 7830
Burbank, CA 91510-7830

Spouse

LAST NAME	FIRST NAME	DATE OF BIRTH	PARTICIPANT ID (HCID)
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HAVE YOU REMARRIED?

- No - Continue with form Yes - Date of marriage: _____ - Skip to section 3

EMPLOYMENT STATUS

- Employed — Complete sections 1, 2 & 3
 Self-Employed — Skip to section 3
 Not Employed — Skip to section 3

Section 1. Employer Information

EMPLOYER'S NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

Section 2: Does the employer offer health insurance (medical, hospital and prescription drug coverage)?

Select one of the following:

- Spouse has chosen not to enroll for their employer's health insurance.*
 Spouse is a new hire and waiting to start their employer's health insurance. Waiting period end date: _____
 Spouse is covered by their employer's health insurance. Please provide details below:

POLICY TYPE

- Group (through employer)

HEALTH PLAN NAME

POLICY NUMBER

PHONE NUMBER

EFFECTIVE DATE

TYPE OF COVERAGE

- Medical/Hospital Rx Dental Vision Mental Health

Section 3: Declaration Statement

I confirm that the details provided are truthful and accurate. I understand that I must notify the Health Plan immediately of any changes to my marital status or my entitlement to coverage offered through an employer. I understand that as part of the Plan's periodic audit process, I may be asked to provide additional documentation supporting these statements and that if the Plan determines my spouse was not eligible for coverage, I may be responsible for reimbursing the Plan for any benefit costs incurred during the time I was ineligible.

SIGNATURE

DATE

*Based on the requirements of the Working Spouse Rule the spouse will be dis-enrolled from coverage. For more information, go to sagaftraplans.org/wsr

Questions? Please call us at 800-777-4013.