

Oberlin College – Spousal Coordination of Benefits

173 West Lorain Street
Oberlin, OH 44074

To Oberlin College Employees:

A spouse/domestic partner of an Oberlin College employee is required to participate in his/her employer sponsored health care plan if: the spouse/domestic partner has access to continuous group health coverage through his/her employment, and the employer contributes at least 50 percent of the premium. If these conditions are met, the spouse/domestic partner must enroll in his/her employer's health care plan. The spouse/domestic partner will be permitted to remain on the Oberlin College health plan for secondary health care coverage.

Oberlin College Employee: _____ SSN _____
PLEASE PRINT

Is your spouse/domestic partner employed? Yes No

If **No**, please circle the one that applies: Unemployed Retired Disabled
If **Yes**, please have employer complete the rest of this form.

To Whom It May Concern:

It has been indicated by our health plan participant that you are the employer of the below named person. Because of the coordination of benefits provision contained in the Oberlin College health plan, additional information is required to make a proper evaluation of the coverage available to your employee. Your assistance in completing this form is appreciated.

Your Employee: _____ Social Security #: _____

Do you offer health care coverage to this employee? Yes No

If No, please list reason: _____

Is the above named employee covered under this program? Yes No

If No, what is the next earliest date the employee can enroll? _____

If Yes, what date did coverage start? _____

Are his/her dependents covered? Yes No

Monthly premium paid by employee: _____

Do you or will you pay 50 percent or more of the employee's health premium? Yes No
If No, what percent of the health premium do you pay? _____

If no longer employed, please provide the date employment terminated: _____

Signature

Date

Title

Phone number

Employer/Company Name _____