

May 2022

**IMPORTANT NOTICE ABOUT YOUR HEALTH INSURANCE BENEFITS**

(Please disregard this notice if you do not cover any family members)

Your employer maintains a Spousal and Dependent Eligibility Rule that requires spouses and/or child(ren) (if applicable) to obtain other health insurance coverage *unless* certain criteria are met. Each year the Putnam/Northern Westchester BOCES' Office of Risk Management verifies the eligibility criteria of spouses and/or child(ren) who are currently enrolled in the District's Health Insurance Plan. The Rule applies to **ALL** spouses, including those who work for other local school districts/BOCES.

If your spouse and/or child(ren) are primary on the District's Health Insurance Plan (meaning the District's Health Insurance Plan pays first for any claims incurred), you **MUST** complete the annual certification.

Beginning May 16<sup>th</sup> at 9:00 AM employees will be able to access the secure website to complete the required certification for the July 2022–June 2023 year.

**IF THIS CERTIFICATION IS NOT COMPLETED BY JUNE 17<sup>TH</sup>, ANY CLAIMS INCURRED WILL BE DENIED.**

**VERY IMPORTANT: Please be aware that the below information is subject to audit. Any incorrect information entered can result in the employee/retiree being required to reimburse the school district up to \$881 per month for FY 2022-2023. This additional premium "buy-in" is in addition to any other premium cost sharing the school district requires. Falsification of required documents is prohibited. Any knowing or negligent misrepresentation of a material fact or any failure to make a complete disclosure of any requested information is considered a breach of the employee Code of Conduct and may result in employment action, up to and including termination.**

Before getting started with the certification process, you will need the *following*:

- The name of your spouse's employer, if applicable.
- Your spouse's annual earnings in 2021. *Please refer to your spouse's or family's complete 2021 1040 tax forms (including applicable corporate or business tax returns).*
- Your spouse's monthly employee contribution amount for his/her employer's **lowest** cost health plan available for **individual coverage** (if applicable). *It is imperative that the correct contribution amount for individual coverage is entered. Please refer to your spouse's IRS 1095C Form provided by your spouse's employer for this information.*
- If your spouse is disabled and under the age of 65 in accordance with US Social Security Administration regulations, the disability commencement date.
- The name of your dependent's health plan, if applicable.
- If a dependent child is disabled, the effective date of disability.

**If you have any questions regarding the above documents, please call Joan Randazzo at (914) 271-4713.**

The link to the Spousal and Dependent Eligibility Certification is:

[www.boceswsr.org](http://www.boceswsr.org)

\* Website is to be used with a desktop computer or laptop and is compatible with Google Chrome or Firefox

### INSTRUCTIONS FOR PROCESSING YOUR ANNUAL CERTIFICATION

All prior passwords for this site have been reset.

To access the website, you will be asked to provide a username and password as follows:

- **USERNAME** →
  - Employee's/Retiree's last 4 digits of his/her Social Security Number, followed by his/her first initial of first name and then last name
    - Example: David Jones-Smith with SSN 123-45-6789
      - USERNAME WOULD BE: 6789djonesmith
- **PASSWORD** →
  - Employee's/Retiree's first name (as it is on file within the District, e.g., William vs Bill)) followed by the first 3 digits of his/her Social Security Number and then the 2-digit month and 2-digit year of his/her birthdate
    - Example: William Doe with SSN 012-34-5778 and DOB October 12, 1981
      - PASSWORD WOULD BE: William0121081

Please be aware of the following:

- The system requires a relationship between the spouse and the child (i.e., natural, adopted, step or other). If you leave this field blank, it will not permit you to proceed.
  - Single parents should enter "natural" for the relationship between spouse and child.
- **If both spouses work for the same District, please complete the certification and then call the PNW BOCES Office of Risk Management at (914) 248-2456.**
- The Rule will be waived for children for the July 2022-June 2023 year; however, their information must still be verified via the website.
  - The employer maintains the right to reinstate the Rule for children in subsequent years.
- If your spouse's/dependent's eligibility changes, you must notify your District Benefits Representative within 31 days.

After logging on, you will be asked to verify and/or input certain personal information.

Spousal and dependent status under the Rule will be immediately determined and displayed for you to view.

**After reviewing the information, you must click "submit form." Once you hit "submit form," you will receive a confirmation number. Please be sure to check the results - more action may be required from you.**

If you do not receive a confirmation number, your form has not yet been submitted.

***If you have any questions or problems logging on, please contact Joan Randazzo at 914-271-4713 x4206***