

SPARROW SPOUSAL ACCESS PROVISION

Sparrow's medical plan contains a spousal access provision that states:

If your spouse is employed and his/her employer offers medical coverage, your spouse must enroll in single coverage under his/her employer's health plan in order for the spouse to be eligible for secondary coverage under the Sparrow Medical Plan. If the contribution for the spouse's medical coverage is more than \$75.00 per month, the spouse is exempt from this provision.

If you have a spouse on your health insurance plan, you must complete the spousal access verification on the back of this form. Your spouse will be able to carry **PRIMARY** insurance (which means that Sparrow insurance will pay first) if:

1. Your spouse is not employed
2. Your spouse does not have health insurance available at their employer*
3. Your spouse has health insurance available to them at a cost of MORE than \$75.00 per month*
4. Your spouse has health insurance available to them at a cost of \$75.00 or LESS per month or a High Deductible Health Plan (HDHP) or Healthcare Savings Account (HSA) with an employer contribution.*
5. Your spouse works in a benefit eligible position at Sparrow but does not carry any health insurance.

***Your spouse's employer must complete a "Request for Exemption" form to remain PRIMARY on Sparrow's insurance.**

Your spouse will be able to carry **SECONDARY** insurance (which means that Sparrow pays AFTER their insurance pays) IF:

1. Your spouse has their own insurance through their employer
2. Your spouse has insurance available to them at a cost of \$75.00 or LESS per month and enrolls in this available coverage.
3. Your spouse works in a benefit eligible position at Sparrow and carry's their own health insurance.

If your spouse is carrying Sparrow insurance as SECONDARY coverage, please complete the Coordination of Benefits Form available on the Sparrow Intranet.

Please proceed to and complete the back of this form

SPARROW SPOUSAL ACCESS VERIFICATION FORM

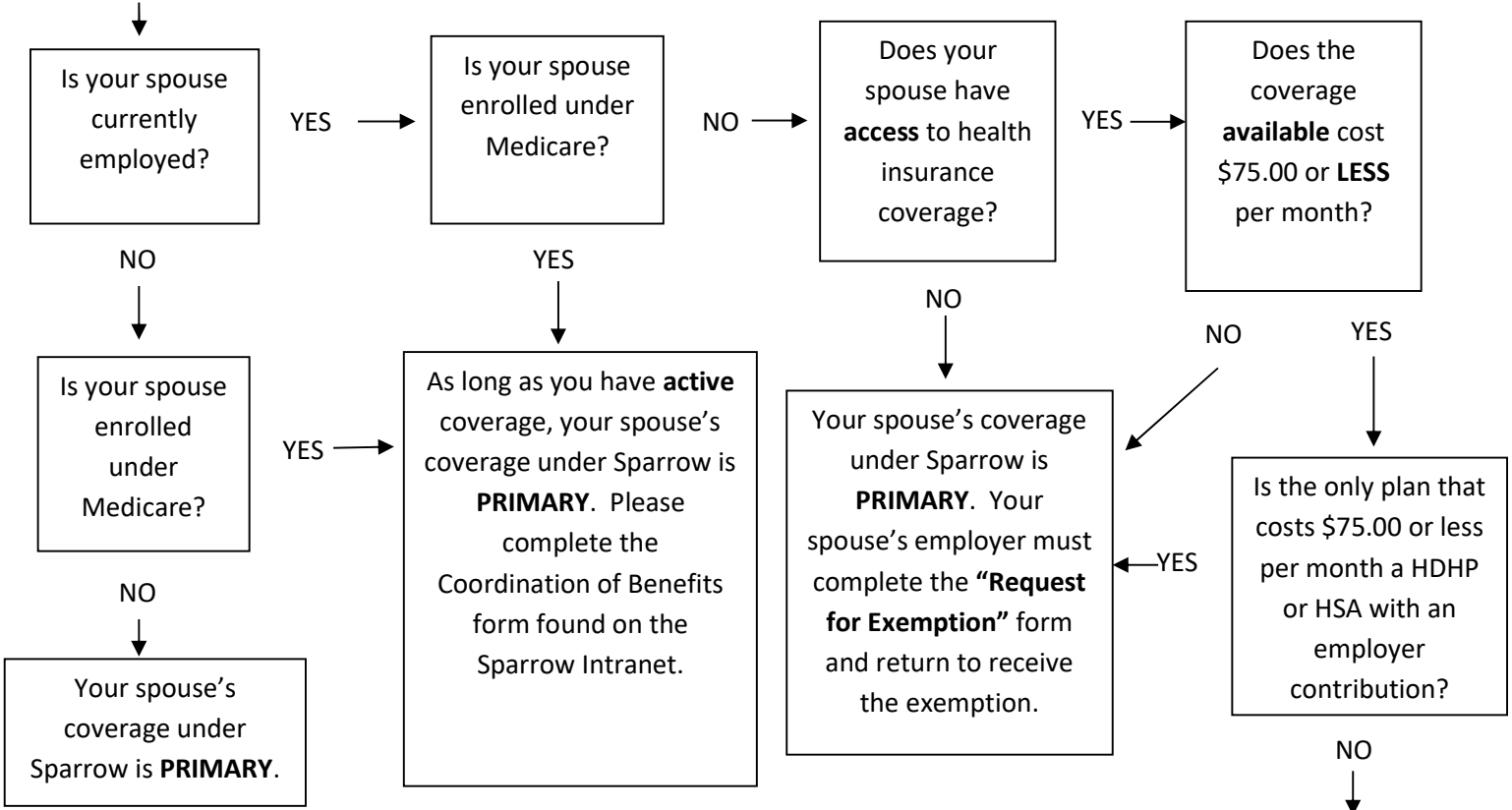
Caregiver Name:	Caregiver #:
Spouse Name:	<input type="checkbox"/> Check box if spouse works at Sparrow Spouse SSN:

PRIMARY COVERAGE: Sparrow coverage pays first. Spouse does not have coverage or has coverage that costs **MORE** than \$75.00 a month.

SECONDARY COVERAGE: Sparrow coverage pays second. Spouse has coverage that costs \$75.00 or **LESS** a month. Spouse must be enrolled in single coverage at their employer. HDHP or HSA plans with an employer contribution are excluded from this requirement.

Please answer the following questions on the grid below and return to Human Resources to determine if your spouse should have primary or secondary coverage through Sparrow. **Please circle your answer to each question as you go along:**

START HERE



Your spouse's coverage under Sparrow is **SECONDARY**. Your spouse must enroll in the single coverage available to them at their employer. Please provide complete the Coordination of Benefits Form on the Sparrow Intranet.

I have been advised of the spousal access provision contained in the Sparrow Cafeteria Plan. I understand my spouse's failure to comply with this provision will result in no medical coverage for my spouse under Sparrow's plan from the date of non-compliance. I understand that by giving false or incomplete information on this form I may be subject to discipline up to and including termination.

Signature: _____ Date: _____



SPARROW REQUEST FOR EXEMPTION FORM
To be completed by Spouse's Employer
Human Resources Department

Dear Employer:

The spouse of your employee, _____, is employed in a benefit eligible position at Sparrow and has requested to cover your employee primary on Sparrow's health insurance. Sparrow has a spousal access provision that states:

If your spouse is employed and his/her employer offers medical coverage, your spouse must enroll in single coverage under his/her employer's health plan in order for the spouse to be eligible for secondary coverage under the Sparrow Medical Plan. If the contribution for the spouse's medical coverage is more than \$75.00 per month, the spouse is exempt from this provision.

Please help us verify the coverage that your employee, _____, has available to them.

Employer Name:	Employee Name:
Contact Name:	Contact Number:

Is medical insurance **AVAILABLE** to this employee? YES NO

If yes, what is the employee cost for the lowest single medical coverage?

\$ _____ per year or \$ _____ per month

Is the lowest cost plan an HSA or a HDHP with an employer contribution? YES NO

If yes, what is the employee cost of the lowest single medical coverage that is **not** an HSA or HDHP? \$ _____ per year or \$ _____ per month

Is this employee currently enrolled in health insurance coverage? YES NO

If yes, plan name: _____ Group Number: _____

Do you offer a dollar amount for employees to opt out of health insurance coverage? YES NO

If yes, how much \$ _____ per year or \$ _____ per month

Please add any additional comments:

I certify that the above information is complete and accurate.

Human Resources Representative Signature: _____ Date: _____