

| SPOUSE STATUS | DESCRIPTION | REQUIRED DOCUMENTATION |
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| Spouse is NOT ELIGIBLE for Insurance | My spouse is employed, but is not eligible, or not offered, group health benefits through his/her employer. | A copy of the most recent State or 1040 Federal Tax Return & a letter from your spouse's Human Resource Department, on company letterhead [with a contact person's name and telephone number other than your spouse], that states your spouse is not offered employer group health benefits. |
| Spouse is UNEMPLOYED or RETIRED | My spouse is unemployed or retired and not covered or eligible for any other employer group health benefits. | <p>A copy of the most recent State or 1040 Federal Tax Return verifying your spouse & their employment status. Including the portion of the return which shows the name of the member and the member's spouse as well as the signature block that contains the employee's spousal signature and occupation. All other information on the tax return can be redacted (blacked out). On Federal Form 1040, that information is found at the top of page 1 (member's name and spouse's name) and the bottom of page 2 (employee's & spouse's signatures and occupations).</p> <p>If the unemployed spouse files a MARRIED FILING SEPARATE 1040 Tax Return, they must submit their return showing the same information as stated above.</p> <p>If your spouse became unemployed or retired after the most recent federal tax return was filed, the Employee must submit that return and a signed statement from the employee that states the spouse is currently unemployed or retired and not covered or eligible under any other employer group health benefits and any applicable supporting documentation of unemployment or retirement (Separation Agreement, COBRA Notice or Letter of Retirement from employer).</p> |
| Spouse is SELF-EMPLOYED | My spouse is self-employed and is not covered or eligible under any other employer group health benefits. | <p>A copy of the most recent State or 1040 Federal Tax Return & one of the following:</p> <ul style="list-style-type: none"> ▪ Schedule SE (Self-Employment Tax) ▪ Sole Proprietor – Schedule C or Form 1040-ES ▪ Partnership – Form 1065 ▪ Corporations – Form 1120 or Form 1120-S ▪ Form 941 (Employer's Quarterly Federal Tax Return) ▪ Form 940 (Employer's Annual Federal Unemployment Tax Return) <p>If your spouse became self-employed after the most recent state or federal tax return was filed, please submit a copy of Form W-9 which verifies the Business Name and Federal Tax Classification. Taxes will be required when filed.</p> |
| Spouse Is Employed with VHC | Spouse is currently employed through VHC Health | Email your spouse's first and last name as well as their VHC employee ID # to Benefits_Department@VHCHEALTH.Org . |

If your spouse is enrolled in a Virginia Hospital Center Health Insurance Plan (VHC PPO, VHC HDP or Kaiser HMO) you will be subject to a monthly spousal privilege premium of \$300 (\$138.46 per pay period). The spousal privilege premium stays in effect through the benefit plan year unless you have a qualifying event to remove your spouse from your VHC Health Insurance Plan.

To be eligible for the Spousal Privilege Premium Waiver, one of the categories above must apply. You are required to upload all documents to your Dependent Maintenance screen in the Workday Annual Benefits Enrollment system no later than FEBRUARY 28, 2025. Once you are approved for the waiver, you will be notified by the Benefits Department with an email. If you do not get approved you will pay the Spousal Privilege Premium.