Complete this form if you have a spouse enrolled in the Loyola University of New Orleans Healthcare Plan

Affidavit of Spousal Surcharge Compliance

A **$350** monthly spousal surcharge will be added to your premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll or is also enrolled in Loyola's coverage. If your spouse is not eligible for coverage as an employee, the spousal surcharge is waived.

We, _____, and _____
Employee *Eligible Spouse*

Certify that the following are true. **Please place an "X" next to the one that applies to you:**

1. ☐ Named spouse is not employed or is self-employed and does not have access to an employer-sponsored health plan. (Spousal surcharge does not apply)

2. ☐ Named spouse is employed but is not eligible for an employer-sponsored health plan and is enrolled in a Loyola University of New Orleans healthcare plan. (Spousal surcharge does not apply)

3. ☐ Named spouse has access to an employer-sponsored health plan, has declined his or her employer's healthcare coverage and has enrolled in a Loyola University of New Orleans healthcare plan for primary coverage. ($350 monthly spousal surcharge does apply)

4. ☐ Named spouse has other healthcare coverage through his or her employer and is enrolled in a Loyola University of New Orleans healthcare plan for secondary coverage. ($350 monthly spousal surcharge does apply)

Please provide your spouse's employer information for verification purposes and

have them sign below:

Employer Name: _____

Employer Address: _____

Employer Phone #: _____
(Human Resources, benefits representative, etc.)

Employer Signature: _____

We acknowledge that the above statement is true and correct and understand that a false statement on this affidavit may result in application of the $350 monthly spousal surcharge.

_____	_____	_____
Employee name (printed)	*Employee signature*	*Date*
_____	_____	_____
Spouse name (printed)	*Spouse signature*	*Date*

Employee is required to complete a new affidavit if named spouse's access to employer-sponsored health plan changes at any time during the year. You have 30 days to notify Human Resources of such changes.

RETURN COMPLETED FORM TO HUMAN RESOURCES

If this form is not received by the Human Resources Department and your spouse is enrolled in a Loyola University of New Orleans healthcare plan you will be charged the surcharge beginning January of 2026.

**For the purposes of this affidavit, a healthcare plan is an affordable plan with minimum essential coverage (MEC) offered through an employer as defined by the Affordable Care Act (ACA).