

# Open Enrollment Eligible Spouse/Partner Form

Dear Employer:

My name is \_\_\_\_\_ and my spouse/partner's employer, Forward Journey Adult Day Services has adopted a Mandatory Spouse Coverage Rule. I am required to obtain coverage, if eligible, from my primary employer. Strict adherence to this policy is required for my spouse/partner to obtain and/or retain his/her Health Care Benefits.

Please provide the following information, for plan year \_\_\_\_\_:

1. Is employer-sponsored health insurance coverage available to the above named Spouse/Partner of our employee?  
 Yes  No

If yes, is the coverage considered to be at least "minimum essential" coverage that meets the "minimum value" and "affordability" thresholds of the Affordable Care Act?  Yes  No

2. If no, please provide the reason coverage is not available. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Health Insurance Carrier \_\_\_\_\_  
Monthly cost to employee for single coverage \$ \_\_\_\_\_ Typical enrollment period? \_\_\_\_\_

4. Company name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

5. Benefit Information Contact Person \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email address \_\_\_\_\_

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Employer Representative	Title	Date
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*Questions regarding this form can be directed to Michelle Shorter, Director of Operations, Forward Journey at 302-731-0301, x103 or via email [mshorter@forwardjourney.org](mailto:mshorter@forwardjourney.org). Please return this document to the same email address or via fax: 302-731-0201. This document must be returned within 30 days of hire or within open enrollment period (typically December).*