

DETERMINATION OF SPOUSE ELIGIBILITY WORKSHEET FOR HEALTHCARE BENEFITS - 2022

Name: _____

DOB: _____

Current Assignment: Zone 1 Zone 2

Spouse Name: _____

DOB: _____

Please read through this form and fill out accordingly.

1. My spouse is currently unemployed/retired.
2. My spouse is currently employed by: SECC Full-time Part-time
 SECC Church Full-time Part-time
 SECC School Full-time Part-time
3. My spouse is employed and healthcare coverage is not available through his/her employer.
 (if you answered #2 or #3, fill out #4)
4. My spouse's annual 2021 income was: _____
 (copy of W-2 or 1040 must be submitted for income less than table below)
5. My spouse's earnings exceeds the salary cap and I do not wish to buy-in coverage for him/her.
6. My spouse's earnings exceed the salary cap and I wish to add buy-in coverage for my spouse.
 (if you answered #6, fill out #7)

I authorize a monthly payroll deduction for buy-in coverage for my spouse:

- | | | | |
|-----------------------------------------|----------|----------------------------------------|---------|
| <input type="checkbox"/> Adventist Risk | \$843.85 | <input type="checkbox"/> HCAP (Vision) | \$43.14 |
| <input type="checkbox"/> Kaiser | \$713.05 | <input type="checkbox"/> Delta Dental | \$46.09 |

Zone	Maximum Annual Income	Maximum Annual Income
	<i>(Imperial County, Riverside County, San Bernardino County)</i>	
1	\$52,662.39	\$4,388.53
	<i>(Orange County, San Diego County)</i>	
2	\$59,987.78	\$4,998.98

Employee Signature _____

Date _____