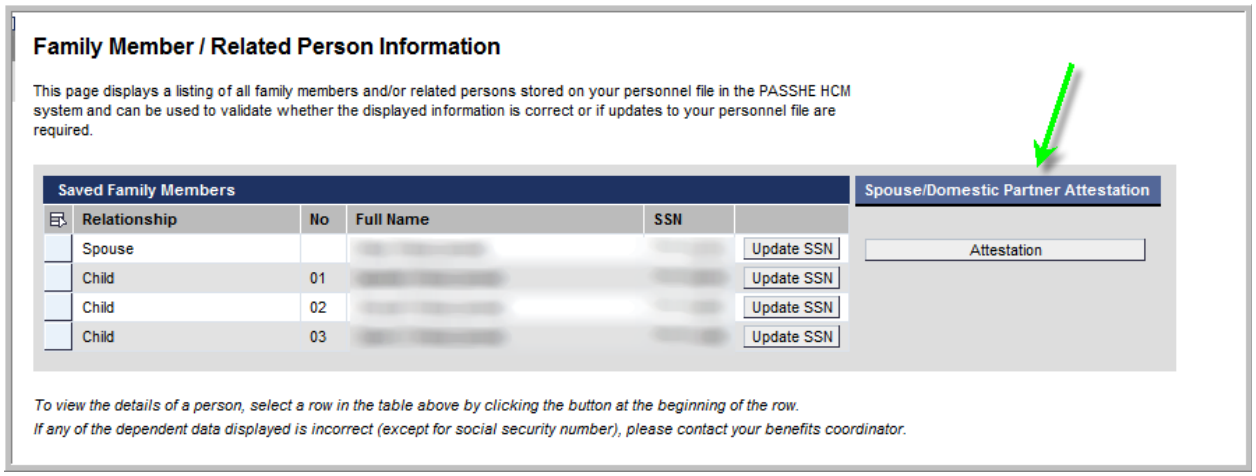
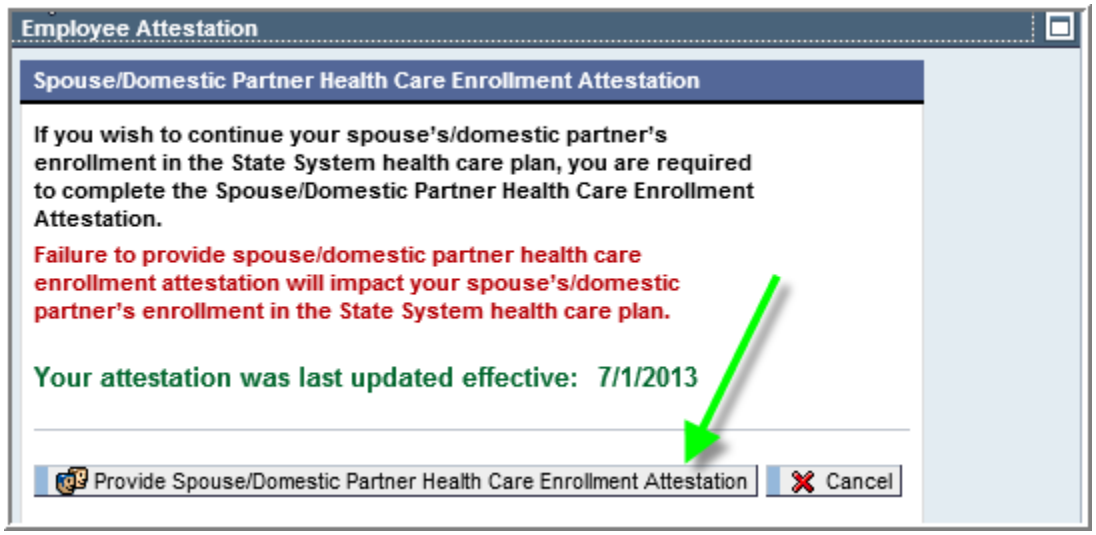
ESS – Personal Information – Family/Related Persons – Spouse/Domestic Partner Attestation

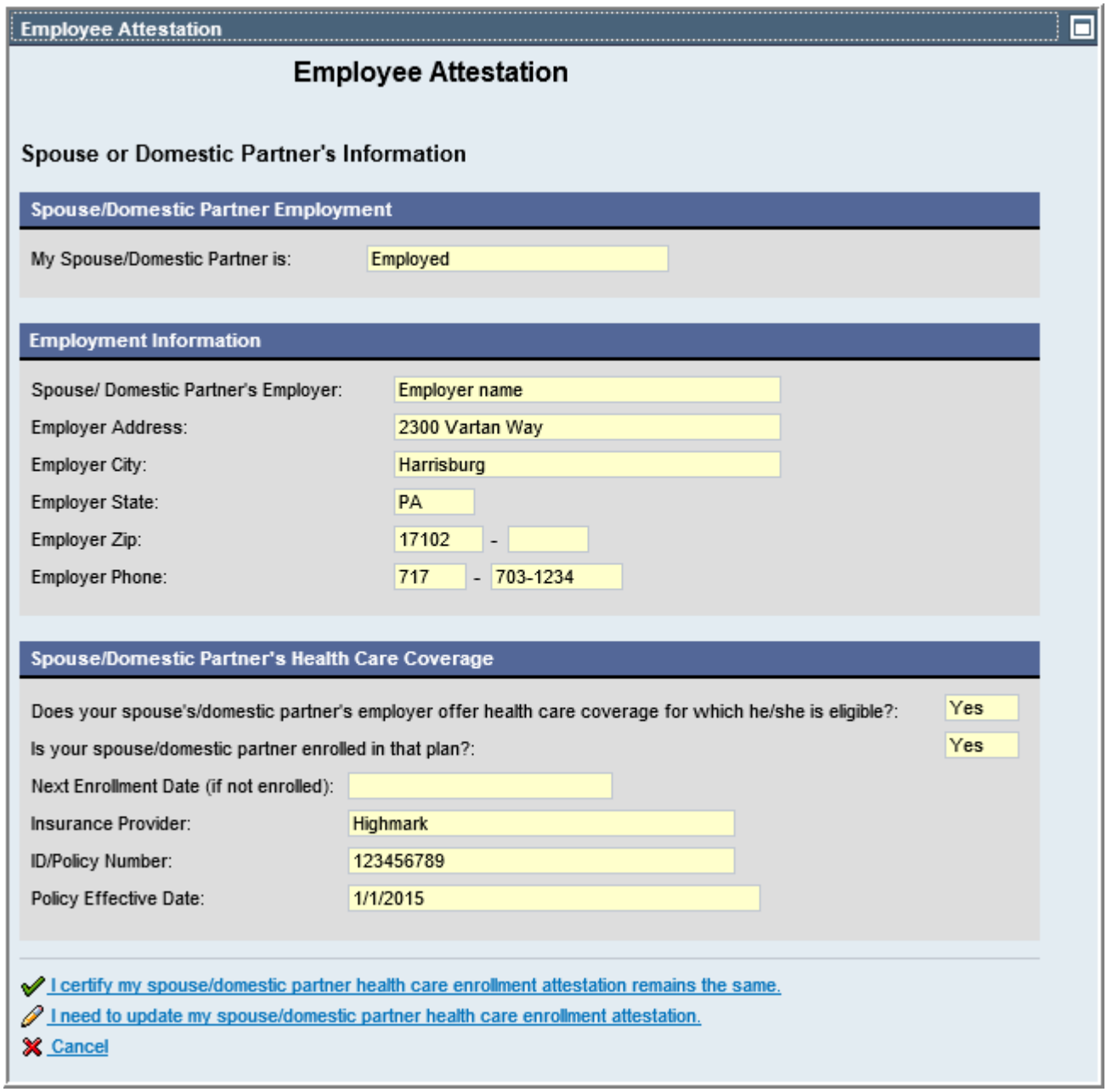
1. To complete the Spouse/Domestic Partner Health Care Enrollment Attestation, click on the Attestation button as shown to begin the process.



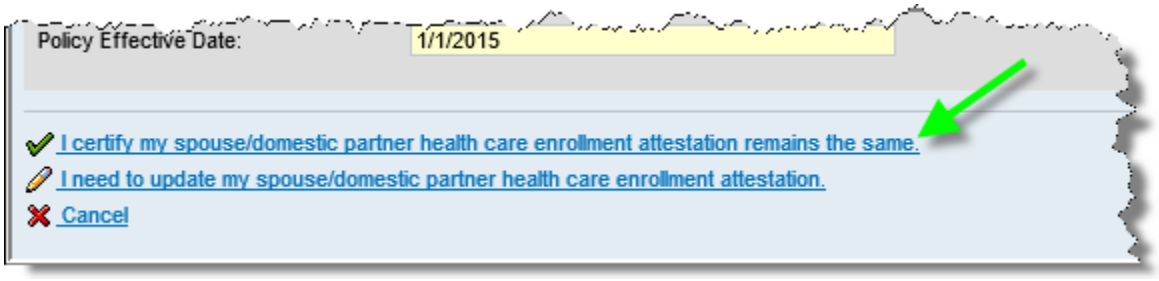
2. The following pop-up window will be displayed. Click on the "Provide Spouse/Domestic Partner Health Care Enrollment Attestation" button.



3. The current spouse/domestic partner attestation on file for the employee record will be displayed.



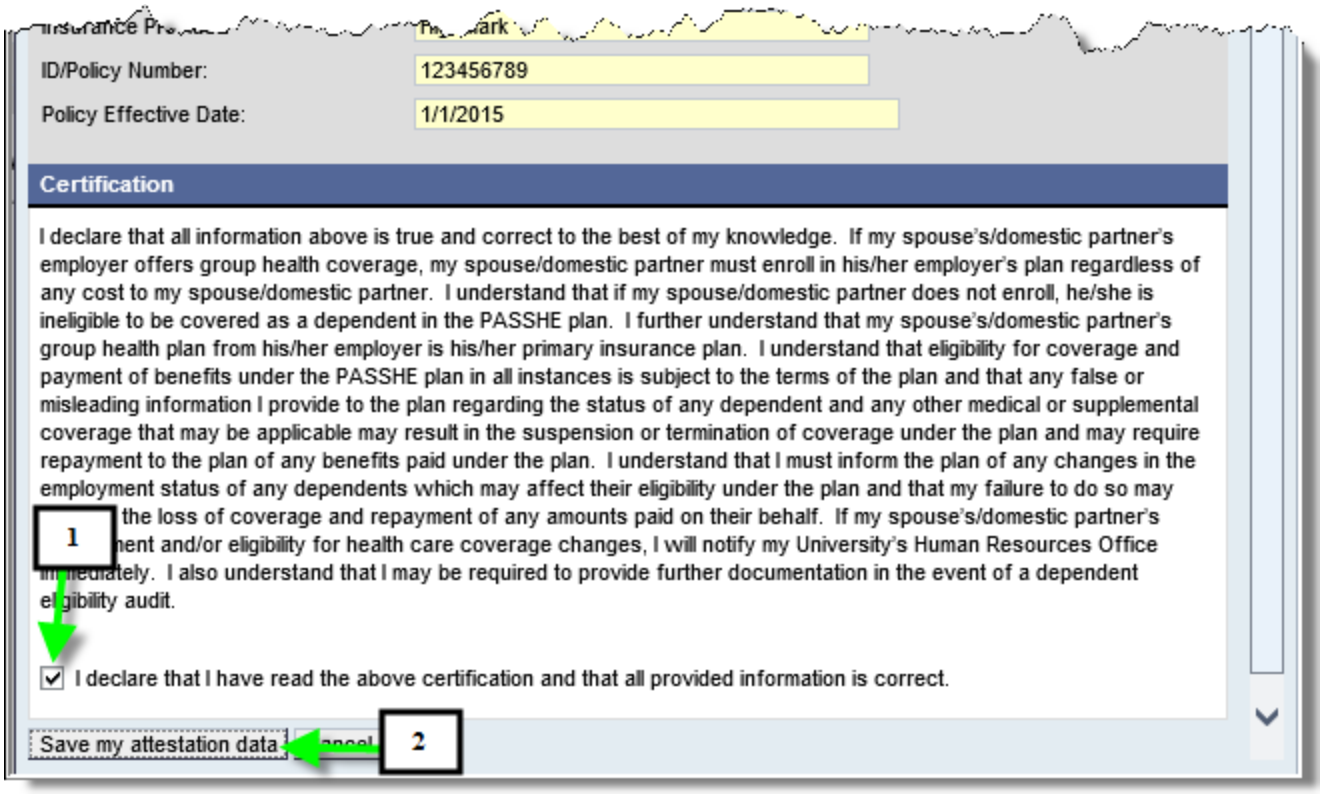
4. If the attestation to be provided matches the current data in the system, choose the "I certify my spouse/domestic partner health care enrollment attestation remains the same" as shown here and skip to step 5 below.



If the attestation to be provided does not match the current data in the system, skip to step 6 below.

5. The "Certification" information section will automatically appear to certify the information provided is true and correct. Click in the "I declare that I have read the above certification and that all provided information is correct" box to agree.

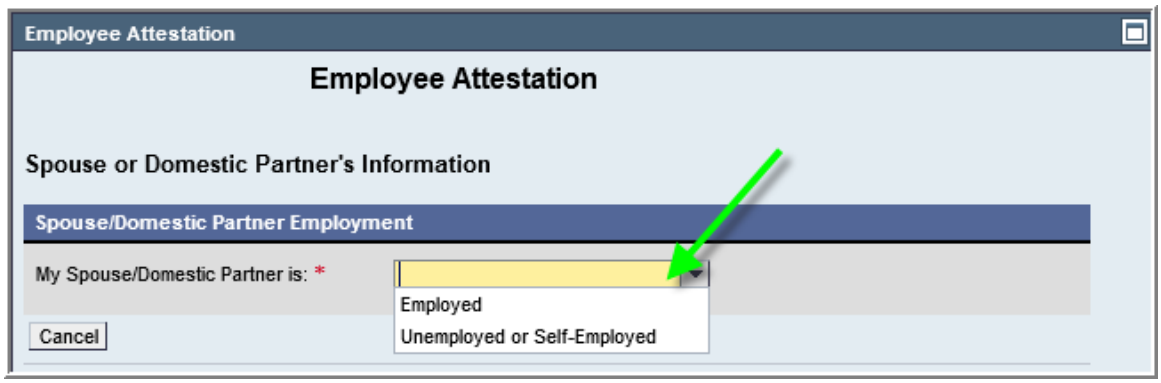
Next, click the "Save my attestation data" button.



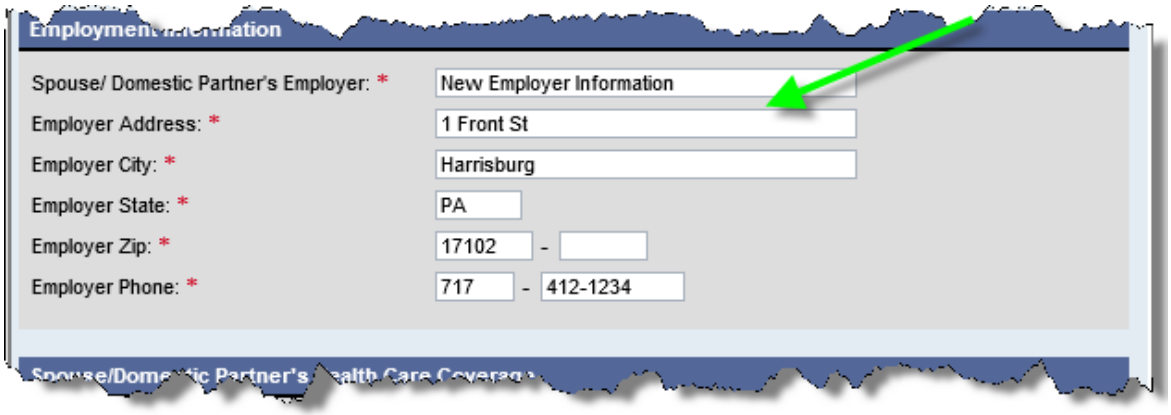
5.1. Upon completing Step 5, the employee may receive an email requesting the completion of the Spouse or Domestic Partner Employer Information Form depending upon the information provided during the attestation. Please refer to pages 6 and 7 for a sample of the Spouse or Domestic Partner Employer Information Form as well as additional information regarding the process.

6. If the attestation to be provided does **not** match the current data in the system, choose the "I need to update my spouse/domestic partner health care enrollment attestation", which will initiate the process to collect new attestation information.

7. As the request for data appears on the screen, provide information by either making selections from drop-down boxes:

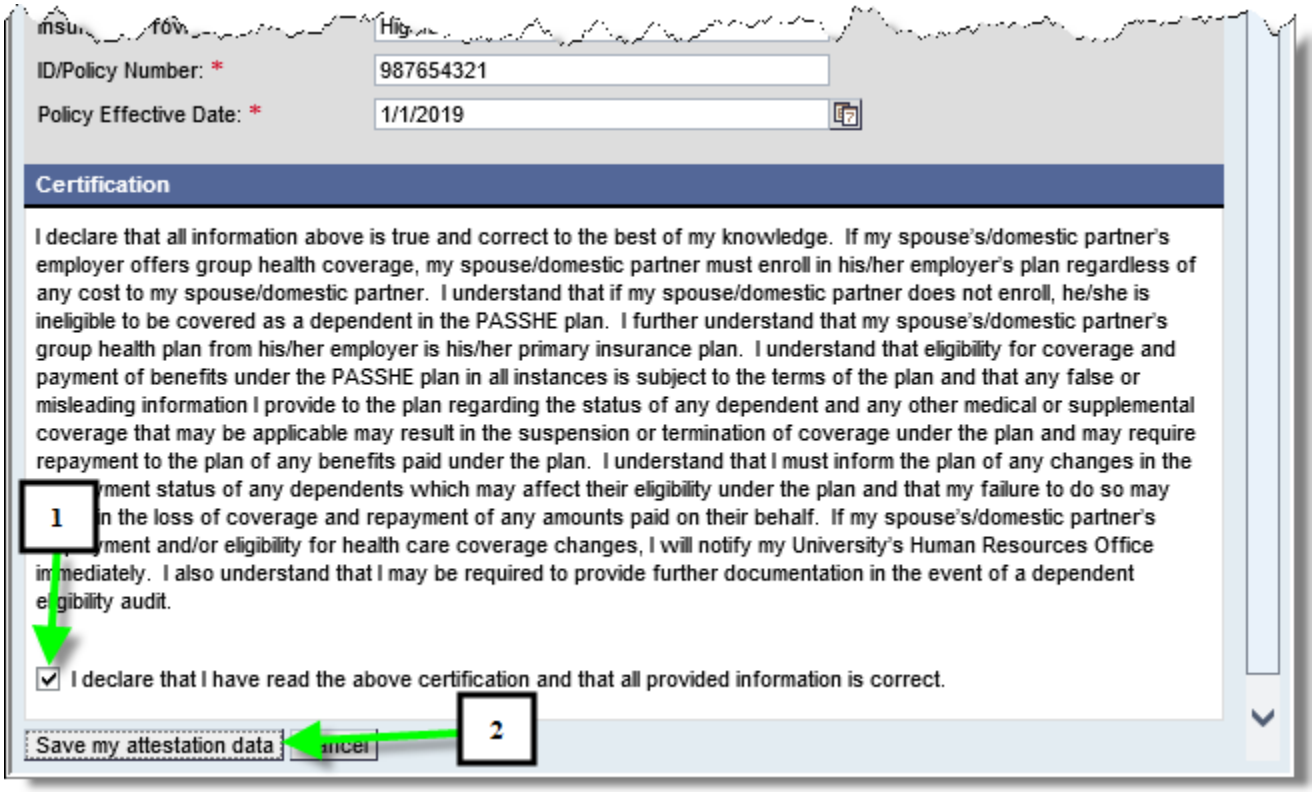


Or, provide data by keying it into the system where applicable..



8. When all required data has been entered, the "Certification" information section will automatically appear at the bottom of the screen to certify the information provided is true and correct. Click in the "I declare that I have read the above certification and that all provided information is correct" box to agree.

Next, click the "Save my attestation data" button.



8.1. Upon completing Step 8, the employee may receive an email requesting the completion of the Spouse or Domestic Partner Employer Information Form depending upon the information provided during the attestation. Please refer to pages 6 and 7 for a sample of the Spouse or Domestic Partner Employer Information Form.

Employer Information Form for Employee Spouse's/Domestic Partner's Employer

Audience: Employees hired on or after 7/1/13 who have a spouse or a domestic partner enrolled in health care coverage through State System and answers provided in the attestation process require additional information to be provided by the spouse's or domestic partner's employer.

Email Date: Email is sent to the employee when the spouse or domestic partner attestation has been submitted via ESS and additional information is required from the spouse's or domestic partner's employer.

Subject: Spouse/Domestic Partner Attestation – Employer Information Form

Message Content:

Thank you for completing the Spouse/Domestic Partner Attestation process via Employee Self-Service. Based upon the information provided in your attestation, your spouse's/domestic partner's employer must complete the Spouse/Domestic Partner Employment Information section of the attached form. An original copy of the completed form must be provided to your university's benefits department by the original due date of the attestation.

Pennsylvania's STATE SYSTEM of Higher Education

Spouse/Domestic Partner – Employer Information Form

State System Employee Name: _____

State System Employee Hire Date: _____

Spouse/Domestic Partner Name: _____

If an employee wishes to enroll his or her spouse or same-sex domestic partner in the PASSHE health plan, and that spouse or partner is eligible for coverage under their own employer's plan, the spouse/partner shall be required to enroll in their own employer's plan as a condition of eligibility for secondary coverage under the PASSHE health plan.

Please complete and submit the form to your university benefits office.

Spouse/Domestic Partner Employment Information (To be completed by the spouse/domestic partner's employer)

Spouse's/Domestic Partner's Employer: _____

Employer Address: _____

Employer Phone Number: _____

Does your organization provide single healthcare coverage at no cost to the employee (i.e. fully employer paid)?

Yes ☐ No ☐

Is the spouse/partner named above employed in a health benefits eligible position with your organization?

Yes ☐ No ☐

Is the spouse/partner enrolled in that plan?

Yes ☐ No ☐

If the spouse/partner is not currently enrolled in your organization's health plan, indicate if you would consider our condition of eligibility for secondary coverage a HIPAA special enrollment event that would allow your employee the opportunity to enroll in your organization's health plan?

Yes ☐ No ☐

If the question above is no, please list the date of your next open enrollment: _____

Name of Employer Representative: _____

Signature of Employer Representative: _____

Employer Representative Email: _____

Employer Representative Phone: _____

Date: _____

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