



Princeton City Schools

Spouse Coverage Certification Form
PACE & PSSA Staff

January 1, 2027 – December 31st, 2027

For PACE employees, your spouse is not eligible for medical and dental coverage on Princeton plans if they are eligible for coverage through their employer and the cost of the least expensive single coverage to participate is not more than 35% of the total cost. However, the spouse can be covered as a secondary payer.

TO BE COMPLETED BY THE PRINCETON CITY SCHOOLS EMPLOYEE

If my spouse's employment status changes, I understand I must notify the District Treasurer within 31 days of that change. If an employee or dependent, or anyone acting on behalf of either, makes a false statement or withholds relevant information which results in providing coverage or payment of a claim or claims which would not otherwise have been provided or paid, the employer, its insurer, or assignee may recover from the person responsible or from the person for whom the benefits were paid any amounts wrongfully paid, including legal fees.

Employee's Signature _____ Date: _____

Princeton Employee Name _____ Employee ID _____

Spouse's Name _____

Please check the applicable box below.

My spouse is covered under the Princeton City Schools **Medical (Medical/Rx) Plan** and is:

- ☐ Unemployed-(Certification not needed)
- ☐ Self-Employed-(Certification not needed)
- ☐ Employed-Coverage cost for least expensive single coverage is over 35% (See Certification Form)
- ☐ Employed-Princeton as Secondary (See Certification Form)
- ☐ Retired with Benefits Available
- ☐ Retired without Benefits Available

My spouse is covered under the Princeton City Schools **Dental Plan** and is:

- ☐ Unemployed-(Certification not needed)
- ☐ Self-Employed-(Certification not needed)
- ☐ Employed-Coverage cost for least expensive single coverage is over 35% (See Certification Form)
- ☐ Employed-Princeton as Secondary (See Certification Form)
- ☐ Retired with Benefits Available
- ☐ Retired without Benefits Available

If your spouse is employed or retired with benefits available and you are enrolling them for coverage with Princeton City Schools, their employer must certify coverage and return to Princeton. This form can be found on page 2.



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Princeton Employee Name _____ Employee ID _____

Spouse's Name _____

TO BE COMPLETED BY SPOUSE'S EMPLOYER

Spouses of employees of Princeton City Schools who are eligible for benefits at their place of employment must join his/her employer's health and/or dental coverage, for at least single coverage with certain restrictions, in order to be eligible to participate on the Princeton City School Plan. Spouses who are retired must join the retirement system's health care coverage for single coverage when such coverage exists, with certain restrictions. Please complete the form below in order for your employee's or retiree's claims to be properly handled.

1. Does your employee have access to healthcare and/or Dental coverage through his/her employment with you?

☐ Yes ☐ No

2. Is your employee responsible to pay more than 35% of the overall premium to participate on the health and/or dental plan on the least expensive single coverage?

☐ Yes ☐ No

3. Does your former employee, if retired, have access to retiree coverage other than Medicare?

☐ Yes ☐ No

Spouse Employer Name _____

Employer Representative (Name) _____

Employer Representative (Title) _____

Phone Number _____ Ext. _____

Health Insurance Carrier/Payer

Group# _____

Coverage Election (single, family, etc.) _____

Employee cost to participate in least expensive single coverage (as a %) _____

Coverage Effective Date _____

Dental Insurance Carrier/Payer

Group# _____

Coverage Election (single, family, etc.) _____

Employee cost to participate in least expensive single coverage (as a %) _____

Coverage Effective Date _____

Signature of Employer Representative _____

Today Date _____