When a husband and wife are both employed by the State, at the option of the couple, they may elect one family insurance plan. The couple will pay the full employee portion of family coverage. One spouse is the contract holder and the other spouse is the contributing spouse. The spouse who is the contract holder enrolls all eligible family members in health and dental insurance and the other spouse elects to be a contributing spouse. Each employee pays half of the monthly premium amount. For SPOC-covered employees, contact your human resources associate.

**A. Name and Address of Contract Holder**

I have experienced the following life event:

|  |  |  |
| --- | --- | --- |
| Qualifying Life Event |  | |
| Event Date |  |  |

**B. Name and Address of Contract Holder**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  | |  | | |
|  | Name(Last) |  | (First) |  | (Initial) |  | | Employee Number | | |
|  |  |  |  |  |  |  | |  | | |
| 2. |  |  |  | | |  |  | |  |  |
|  | Residence (No.) (Street or RFD No.) |  | (City) | | |  | (State) | |  | (Zip) |

3. Employer:

|  |  |
| --- | --- |
| Central Payroll | Fair Authority |
| CBC District # | Supreme Court Commission |
| DOT |  |

4. Health Insurance Coverage (check one)

|  |  |  |
| --- | --- | --- |
| Iowa Choice | National Choice | Alliance Select (Only available to SPOC-covered employees) |

1. Dental Insurance Coverage (check one)

|  |  |
| --- | --- |
| Dental | SPOC Dental |

**C. Spouse’s Information (contributing spouse)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |  |
|  | Name (Last) |  | (First) |  | (Initial) |  | Employee Number |

2. Employer:

|  |  |
| --- | --- |
| Central Payroll | Fair Authority |
| CBC District # | Supreme Court Commission |
| DOT |  |

The persons named choose to elect the double spouse option and certify they are both employed by the State of Iowa and are qualified to participate in group insurance for State of Iowa employees. To be eligible, both must be in the same group insurance plan.

If either employee separates employment, becomes ineligible to participate in this program, or does not have any pay coming for the month in which a premium is due, the remaining employee authorizes a payroll deduction of any balance owed from the remaining spouse’s paycheck.

It is understood that the contract will be issued in the name listed under “Contract Holder.”

If approved, this application will be effective no later than thirty days from the date signed.

Signature of Contract Holder Date

Signature of Spouse Date