



Human Resources Division | Employee Benefit Services
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Broward.org/Benefits | Broward.org/MyWellness | Email: benefits@broward.org

Spouse/Domestic Partner Health Plan Affidavit

Broward County recognizes the benefit to our employees of insuring the whole family under one plan; and has opted to continue providing health coverage access to working spouses/domestic partners through implementation of a \$20 per pay period surcharge to offset the increase in health care costs. The County encourages working spouses/domestic partners to consider enrolling in their own employer's health plan. Employees enrolling a spouse/domestic partner will be required to complete this affidavit indicating whether their spouse/domestic partner is employed, and if employed, the name of the employer and whether group health coverage is available to the spouse/domestic partner.

To be completed by ALL employees enrolling a spouse/domestic partner in a Broward County sponsored health insurance plan:

Form with fields for Employee Last Name, Employee First Name, Employee ID#, Spouse/Domestic Partner Name, and three numbered questions regarding insurance eligibility and employer information.

I acknowledge that I have provided true and official documentation, and that the dependent enrolled meets the eligibility criteria, as specified by Broward County. If a post audit of the dependent enrolled shows that he/she does not meet the eligibility requirements of the plan, I understand that I will be held legally and financially responsible for the repayment of all benefit claims incurred by my ineligible Dependent. Florida Statute 817.234 clearly states that any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Any person committing such fraud will be subject to appropriate action by Broward County and/or the insurance carrier.

Sign below to authorize payroll deduction for coverage selected and to acknowledge that, under Section 125, pre-taxed deductions cannot be revoked or changed unless a qualifying event occurs and the change is consistent with the qualifying event. Pre-taxed coverage remains in effect until a new authorization to start, change, or cancel coverage/s, subject to contract provisions, Section 125, and County policies is submitted and processed by Employee Benefit Services.

Signature of Employee Date
If this document is not received by Employee Benefit Services and your spouse/domestic partner is enrolled in a Broward County sponsored health insurance plan, you will be assessed a non-refundable \$20.00 per pay period surcharge.