

# REQUEST FOR SPOUSE CREDIT TOWARD FAMILY DENTAL AND HEALTH INSURANCE

When both spouses are employed by the State of Iowa, at the option of the couple, they may elect one family insurance plan. The state's contribution to double spouse family coverage, if both spouses are employed full-time (30 or more hours per week) or one spouse is full-time and one spouse is a benefits eligible part-time (20 – 29 hours per week) employee, will be the full premium. If both spouses are benefits eligible part-time employees, the state's share for each employee will be ½ of the state's share of the full-time double spouse family premium. The state's contribution for two full-time spouses for dental insurance coverage will be equal to two single premiums.

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

1. \_\_\_\_\_  
 Name(Last) (First) (Initial) Social Security Number
  2. \_\_\_\_\_  
 Residence (No.) (Street or RFD No.) (City) (State) (County) (Zip)
- Sex:  Male  Female
3. Employer:  Central Payroll  DOT  Library Serv  Supreme Crt Comm  Fair Authority  CBC District # \_\_\_\_\_  
 U of I  ISU  UNI  ISD  IBSS
- 18-digit position # \_\_\_\_\_
4. Coverage (check one)  Program 3 Plus  Deductible 3 Plus  Iowa Select  Blue Access  Blue Advantage  
 Delta Dental  State Police Officers Council (SPOC) Health and Dental

**B. Spouse's Information (contributing spouse)**

1. \_\_\_\_\_  
 Name (Last) (First) (Initial) Social Security Number
- Sex:  Male  Female
2. Employer:  Central Payroll  DOT  Library Serv  Supreme Crt Comm  Fair Authority  CBC District # \_\_\_\_\_  
 U of I  ISU  UNI  ISD  IBSS
- 18-digit position # \_\_\_\_\_

The persons named choose to elect the double spouse option and certify that they are both employed by the State of Iowa and are qualified to participate in group insurance for state 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 \_\_\_\_\_

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Distribute copies to: Insurance Carrier, Contract Holder's Employer, Spouse's Employer, Contract Holder, and Personnel File