

MEMORANDUM

TO: Employees interested in Dual Employee Health Insurance

FROM: Eric Workman, County Administrator

DATE: May 12, 2016

SUBJECT: Family Plan Health Insurance

A Dual Employee Family Plan is not one of the offerings under the Local Choice Health Benefits Program. The issue with a Dual Employee Family Plan is the separation from employment of the non-named insured employee. However, this plan can be offered to married couples who are both full time employees on the local level with the following guidelines.

It is required that both employees agree to Dual Employee Health Insurance Plan. The plan will be written in the name of the employee as requested by the employees and the other employee will be listed as a dependent. Should the employee who is made the named insured leave employment with Bland County prior to open enrollment, then this will be considered a mid-year qualifying event and a change in coverage will be permissible by the Local Choice.

The county will contribute to the monthly family plan premium on the employees' behalf equal to the benefit offered all employees. The difference in the premium cost will be deducted from the paycheck of the named insure.

Should the employee who is the non-named insured (dependent) leave employment with Bland County prior to open enrollment, then this is NOT considered a mid-year qualifying event. The non-named insured (dependent), even though no longer an employee, will still be eligible for coverage in the family plan and thus the **Named Insured** will become the responsible party for the increase payment of premium until the next open enrollment period.

Therefore, the risk is associated with the named insured employee should the non-named employee's employment end with the county prior to open enrollment.

If you have any question, please feel free to contact me or Sharon May, Personnel Manager. All health insurance policies can be modified or cancelled during open enrollment.

Please complete the following authorizing your enrollment into the Dual Employee Family Health Plan with the County of Bland:

Named Insured _____ Authorizing Signature _____ Date _____

Non-Named Insured _____ Authorizing Signature _____ Date _____

Family Plan (Key Advantage 250 or Key Advantage 1000) _____

COMMONWEALTH OF VIRGINIA, AT LARGE,
BLAND COUNTY, To-wit:

I, _____, a Notary Public in and for the jurisdiction aforesaid, do certify that _____, of the County of Bland, whose names are signed to the foregoing authorization, bearing date on the ___ day of _____, 20___, personally appeared before me in my jurisdiction aforesaid and acknowledged the same. My commission expires _____.

Given under my hand and NOTARIAL SEAL this ___ day of _____, 20___.

(SEAL)

Notary Public

COMMONWEALTH OF VIRGINIA, AT LARGE,
BLAND COUNTY, To-wit:

I, _____, a Notary Public in and for the jurisdiction aforesaid, do certify that _____, of the County of Bland, whose names are signed to the foregoing authorization, bearing date on the ___ day of _____, 20___, personally appeared before me in my jurisdiction aforesaid and acknowledged the same. My commission expires _____.

Given under my hand and NOTARIAL SEAL this ___ day of _____, 20___.

(SEAL)

Notary Public