



Office of Human Resources
5775 Main Street
Center Valley, PA 18034
Phone: (610) 282-3121 ext. 5112
Fax: (610) 282-0193
www.slsd.org | hr@slsd.org

TO: All Administrative (*ACT 93, Contract*) & Professional (*SLEA*) Employees
FROM: Ethan Ake-Little, Ph.D., SHRM-CP; *Director of Human Resources*
DATE: June 5, 2024
RE: Spousal Surcharge Waiver Information

Highmark Blue Cross Blue Shield permits Southern Lehigh SD employees to change their healthcare coverage for the forthcoming fiscal/ school year during the Open Enrollment season. The **Spring 2024 Open Enrollment** season begins on **Friday, May 24, 2024** and will continue through **Friday, June 21, 2024** whereas the **Fall 2024 Open Enrollment** season begins on **Friday, October 11, 2024** and will continue through **Friday, November 1, 2024**.

During this Open Enrollment period, employees can modify their coverage tier (e.g., from single to family, from parent w/child to parent w/children). The Southern Lehigh School District offers its employees the HBC PPO6 Plan; a Plan Summary can be found within the Open Enrollment message sent to all employees on Friday, May 24, 2024 and on the Alio Employee Portal (Employer Forms → Medical and Dental Plan Booklets).

Pursuant to Article IX, Section (b) (Health Insurance) of the ACT 93 Compensation Plan and Part IV, Section 1 (Medical, Dental, and Prescription Coverage) of successor SLSD-SLEA Collective Bargaining Agreement, administrative and professional employees must pay an additional surcharge of \$75.00 per month (\$37.50 per paycheck for a period of 24 paychecks) to cover a spouse for couple *or* family coverage who has the option to elect healthcare coverage through their employer. Note that premium contribution rates will remain unchanged at 9.0% for FY/ SY2024-25 year and those employees who seek a disenrollment credit of \$75.00 per month (\$37.50 per paycheck for a period of 24 paychecks) will still be required to disenroll from the District's healthcare *and* dental plans to qualify. However, you may be eligible for a spousal surcharge waiver if you satisfy one of the following conditions:

- (1) Your spouse is *not* offered health insurance coverage by the spouse's employer,
- (2) Your spouse is an employee of the Southern Lehigh School District,
- (3) Your spouse is self-employed, *or*
- (4) Your spouse is not employed.

If you believe you qualify for a spousal surcharge waiver, you must complete the **SPOUSAL SURCHARGE WAIVER FORM**. The form is a fillable Adobe Acrobat (*.pdf) file, but you must sign, scan, and return via email to the Coordinator of Purchasing & Benefits, Deneen Carreras (carrerasd@slsd.org), no later than the stipulated deadline on the form. Failure to submit this form will result in an automatic payroll deduction beginning with your first paycheck of FY/ SY2024-25. Should you have any questions regarding this form, please contact the Office of Human Resources (hr@slsd.org).

Regards,

Dr. Ethan Ake-Little

SOUTHERN LEHIGH SCHOOL DISTRICT

SPOUSAL SURCHARGE WAIVER REQUEST FORM

DIRECTIONS: This form must be completed and signed by all administrative and professional employees who elect either the **COUPLE** or **FAMILY** healthcare coverage tier *and* seek a surcharge waiver. The form is a fillable Adobe Acrobat (*.pdf) file, but you must sign, scan, and return via email to the Coordinator of Purchasing & Benefits Deneen Carreras (carrerasd@slsd.org) by the following deadlines:

Spring 2024 Open Enrollment Period: Friday, June 21, 2024 @ 4:00p.m.

Fall 2024 Open Enrollment Period: Friday, November 1, 2024 @ 4:00p.m.

New Employees: Must complete within 14 calendar days of the start date.

Please do *not* interoffice this form since delayed, lost, or misrouted forms can result in incorrect payroll deductions. If you have questions regarding eligibility or coverage, please review the Spousal Surcharge Waiver Memorandum, which can be found on the Alio Employee Portal (Employer Forms → Medical and Dental Forms & Information).

PART I: EMPLOYEE INFORMATION

Employee Name: _____ Employee ID: _____
(You can find this on the homepage of the Alio Employee Portal.)

Email Address: _____ Phone No.: _____

Employee Type: ☐ **ADMINISTRATOR** (Contract & ACT 93) ☐ **PROFESSIONAL EMPLOYEE** (SLEA)

PART II: SURCHARGE WAIVER INFORMATION

For FY/SY 2024-25, administrative and professional employees who wish to enroll their spouses in Southern Lehigh SD's healthcare plan who would otherwise be eligible for healthcare coverage via their employer must pay a biweekly payroll surcharge of \$37.50 for 24 pay periods. It is important to note that this surcharge is automatically applied to any administrative or professional employee who elects **COUPLE** or **FAMILY** coverage. Because the spousal surcharge is automatically applied, you must complete this form by the aforementioned deadline(s).

However, the spousal surcharge may be waived if you and/or your spouse meet one of four waiver criteria. If you are seeking a waiver, please select one of the eligible criteria:

- ☐ **My spouse is not offered/ eligible for health insurance coverage through my spouse's employer.**
- ☐ **My spouse is also a Southern Lehigh SD employee.**
- ☐ **My spouse is self-employed.**
- ☐ **My spouse is not employed.**

NOTE: The Office of Human Resources reserves the right to audit or request verifying documentation to substantiate your waiver claim. Furthermore, surcharge amounts paid before the receipt of this document cannot be refunded.

PART III: AFFIDAVIT STATEMENT

My signature below indicates that I have certified this form as accurate and complete. Additionally, I understand that if my spouse's healthcare coverage status changes and I am no longer eligible for the surcharge waiver, I must notify the Office of Human Resources at the time of the next Open Enrollment period of this change. Any false statements on this form, a failure to notify a change regarding spousal eligibility within the specified period, or refusal/ failure to produce verification documents upon request by the Office of Human Resources may result in disciplinary action.

Southern Lehigh SD Employee Signature

Date of Signature