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## PEIA Spousal Surcharge Affidavit

Policyholder Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

PEIA is required by law to charge a spousal surcharge if your spouse is eligible for employer- sponsored coverage through his/her employer but has chosen PEIA coverage instead. If applicable, the spousal surcharge will be added to your health insurance premium each month. If your spouse is eligible for coverage as an employee of a PEIA-participating agency, has Medicare, Medicaid, TRICARE or is retired, the spousal coverage surcharge is waived.

Please mark the statement that applies to your spouse:

My spouse does not have health coverage available through his/her employer; is not employed, has Medicare, Medicaid or Tri-Care, or is retired. (No surcharge will be applied.)

My spouse is employed by a PEIA-participating agency. (No surcharge will be applied.)

Name of agency:\_\_\_\_\_

My spouse has health coverage available through his/her employer. (I understand that if my spouse is on my PEIA health coverage, the monthly premium surcharge will be applied to my premium.)

**Until you return this form, PEIA will assume your spouse has employer-sponsored coverage available, and the surcharge will be added.**

I certify that the above information is true and correct and understand that providing false information on this form is illegal and those who provide false information may be prosecuted. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify PEIA in writing within the month of the change and the two following months. I acknowledge by signing below that PEIA or its agents have the right to audit the information provided on this form and I may be required to provide documentation to support the information on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When complete, please mail this form to the address below. PEIA will process it, and if necessary, your premium will be adjusted effective on the first day of the month following processing.