Department of Human Resources
143 Third Street, NW, Suite 1
Pulaski, VA 24301
540-994-2406 Phone
540-994-2431 Fax

tnichols@pulaskicounty.org
www.pulaskicounty.org

HEALTH INSURANCE SPOUSAL EXCLUSION

Effective July 1, 2025, employees' spouses who have access to affordable employer sponsored health care coverage will no longer be eligible for enrollment in Pulaski County health insurance plans. This eligibility change will allow Pulaski County to maintain affordable coverage for its employees. Spouses, who do not have access to employer sponsored health care coverage that provides affordable coverage and minimum value through his /her employer, will continue to be eligible for enrollment as a dependent.

Employees who want to cover their eligible spouse on the Pulaski County Plan must complete the Spousal Affidavit. Employees whose spouse is currently enrolled on the health plan and does not meet the new eligibility criteria should **not sign** the affidavit. **If this affidavit is not signed and submitted, spouses will be considered ineligible and will be dropped from the plan.**

Spousal Affidavit

I certify that my spouse does not have access to employer sponsored health insurance coverage.

If my spouse does not currently have access to employer sponsored health care that provides affordable coverage at minimum value through his/her employer but gains it at a later date, I agree to notify Pulaski County within 60 days. I further understand that on the 1st day of the month following the date my spouse becomes eligible for affordable health care that provides minimum value; I will no longer be allowed to cover my spouse under Pulaski County Plan unless a mid-year qualifying event changes the ineligibility of my spouse.

I attest that the above information is accurate to the best of my knowledge as of the date that I sign and submit this affidavit.

Employee Name _____ Employee Signature _____

Spouse Name _____ Date _____