

KINGSWAY REGIONAL SCHOOL DISTRICT

EMPLOYEE CERTIFICATION OF "NO OTHER COVERAGE"

I, _____, certify that I have been an employee of the Kingsway Regional School District since _____ and that I have no other health insurance coverage available as defined in Hospitalization and Health Benefits "no other coverage available" section of the Kingsway Regional School District and Kingsway Education Association Collective Bargaining Agreement. I further certify that my spouse either has no health insurance coverage, or contributes or pays more than 50% of the cost of health insurance premiums to his employer or other health insurance provider. As proof that my spouse pays/contributes more than 50% of the health insurance premium, I submit **any one** of the following:

- Payroll stub showing contribution made and copy of health insurance premium invoice or other document showing cost of health insurance premium; and
- Official letter, on company letterhead, from spouse's employer certifying cost of health insurance premium and amount/percentage paid by spouse.
- Other proof of payment acceptable to Kingsway Regional School District Business Administrator. (Identify other proof of payment: _____)

I understand that the Kingsway Regional School District may verify the information and documentation that I provide. I further understand that the Kingsway Regional School District may request additional information from me or from my spouse in order to verify that I qualify for benefits under the KEA agreement. I further understand that I will not receive health insurance coverage until such time as I provide proof acceptable to the Kingsway Regional School District in accordance with the KEA agreement.

I certify that the statements made by me are true and that the copies I have provided are true and accurate copies of the originals. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

Employee Name: _____

Signature: _____

Date: _____

Approved:

Kingsway Regional School District Business Administrator:

Signature: _____

Date: _____