



County of Onondaga

Personnel Department

John H. Mulroy Civic Center, 11th Floor

421 Montgomery Street, Syracuse, NY 13202

Phone: 315.435.3537 Fax: 315.435.8272

www.ongov.net

J. Ryan McMahon, II
County Executive

Carlton Hummel
Commissioner

To be completed by all retirees enrolled in the County of Onondaga Medical Plan

Retiree Name & DOB: _____

Spouse's Name & DOB: _____

Spouse Insurance Status:

1. Is the spouse of the Onondaga County Retiree currently enrolled in another health plan?

- ☐ Yes. Enter the name of the health carrier and subscriber id #: _____
- ☐ No.

Spouse Employment Status:

A. Is your spouse employed?

- ☐ Yes. Enter employer name & address: _____
- ☐ No.

B. Is your spouse eligible to receive medical insurance offered by their current and/or former employer?

- ☐ Yes.
- ☐ No.

C. If your spouse's current employer or former employer offers medical coverage is your spouse enrolled?

- ☐ Yes. Enter the name of the health carrier and subscriber id #: _____
- ☐ No: Please explain _____

I certify under penalty of perjury that the above information provided on this form is a true and correct representation. I understand that a deliberate misrepresentation of the facts on this affidavit may result in the termination of this dependent's medical coverage and that the Onondaga County Health Plan has the right to be reimbursed from the Employee for any medical and/or prescription drug claims paid by the Plan during the period the Dependent did not qualify for coverage.

Retiree Signature: _____ Date: _____

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