



SPOUSAL COORDINATION OF BENEFITS FORM SELF SERVICE GUIDE

(FOR STATE, K12, DOE, DTCC AND DSU EMPLOYEES)

Phone: 1-800-489-8933 • Email: benefits@delaware.gov • Website: de.gov/statewidebenefits

This guide provides step-by-step instructions to complete the Spousal Coordination of Benefits Form for Active State of Delaware employees. If you cover your spouse in one of the State of Delaware's Group Health Insurance medical plans, you **MUST** complete the online Spousal Coordination of Benefits (SCOB) Form upon initial enrollment, each year during Open Enrollment and anytime your spouse's employment or insurance status changes. **Failure to submit a new Spousal COB form each year will result in a reduction of spousal benefits.**

To complete the form, you will need:

- Your spouse's full name, birthdate, and Social Security number
- Name of your spouse's employer, or former employer and date of retirement if spouse is retired
 - **If applicable and spouse is enrolled:** Your spouse's insurance information: carrier name, policy number, and effective date
 - **If applicable and spouse is not enrolled:** The percentage of the premium of the lowest benefit employee only/retiree only plan your spouse would be required to pay (This includes any payments or credits provided by your spouse's employer toward premiums or purchase of medical coverage).

How to access Employee Self Service for the Spousal Coordination of Benefits (SCOB) Form

Login to Employee Self Service at

www.employeeselfservice.omb.delaware.gov.

Additional instructions are provided on the Employee Self Service Assistance page, including Password Reset.

Completing the Spousal Coordination of Benefits Form

1. Select **Benefits**.
2. Select **Spousal Coordination of Benef.**
3. Verify **Personal Contact Information** is up to date.
 - If yes, you will proceed to **Spousal Coordination of Benef.**
 - If no, you will need to click "OK", then click the Home screen icon located at the top right-hand corner of the page, then select the Personal Information tile. Here you may edit your Personal Contact Information. Then return to the SCOB Form by selecting the Home icon, and following steps 1 and 2 above.
4. Select **CREATE NEW FORM**.

Completing the Spousal Coordination of Benefits Form (continued)

5. **READ THIS FIRST - IMPORTANT INFORMATION** then select **NEXT**.
6. Review all information on the screen. Incorrect information must be updated in Employee Self Service or by contacting your Human Resources Representative before completing this form.
7. Select your health plan carrier from the **Employee Carrier** drop down box.
8. Use the **My Spouse Is** drop down box to select the current employment status of your spouse.
Select **Next**.
9. Enter the information in the data entry fields that appear.

Spousal Coordination of Benefits Form

Any incorrect information below must be updated through Employee Self-Service/Personal Information or through your Human Resources Representative before continuing with this process.

Employee Information:

Empl ID: 466746
Effective Date: 05/20/20XX
Name: State Employee
Employee Carrier: [Dropdown Menu]
Phone: 302/500-1982
SSN: XXX-XX-XXXX
Birthdate: 01/01/1982
Department: 160500500 Human Resources
See Spousal Coordination of Benefits Policy for complete information

Spouse Information:

Name: Employee Spouse
SSN: XXX-XX-XXXX
Birth Date: 01/01/1982
My Spouse Is: [Dropdown Menu]
Back Click Here for Help

Spousal Coordination of Benefits Form

Complete the information below and then proceed to the next section.

Spouse Employer Name: ABC COMPANY

☒ Yes ☐ No Does spouse's employer offer employees medical insurance?
☐ Yes ☐ No Is spouse enrolled through their employer medical insurance?
☐ Yes ☐ No Does your spouse's employer offer a cash amount instead of offering medical insurance? (this is often referred to as "cash in lieu")
☐ Yes ☐ No Is your spouse in a new hire waiting period? (If Yes, please provide detail in the comments box below.)

Only the sections that require a response will open up for data entry. Any grayed-out sections do not require a response. If you need to provide additional information, please use the appropriate "Comments" box.

If you stated that your spouse's employer offers medical insurance but your spouse is not enrolled, this may be because your spouse is not eligible, because your spouse has a waiting period before becoming eligible, or because employees must contribute more than 50% of the cost of the plan.

What percentage of the premium for the lowest cost, employee-only plan option would your spouse be required to pay? (This includes any payments or credits provided by your spouse's employer toward premiums or purchase of medical coverage.)
☐ 50% or less ☐ More than 50%

Note: If your spouse is employed full-time and is not enrolled in employer medical coverage when required, the State will pay only 20% of covered services under your plan.

If your spouse is a partner, owner, or principal in a law firm, accounting firm or any other type of business, company, corporation, or firm and is not enrolled in employer coverage when required, the State will pay only 20% of covered services under the plan. [Explain This](#)

☐ Yes ☐ No If your spouse is a partner, owner, or principal in a law firm, accounting firm or any other type of business, company, corporation, or firm, do other full-time employees who do not have ownership interest pay 50% or less of the premium for the lowest-benefit, employee-only plan?

See [Spousal Coordination of Benefits Policy](#) for Complete Information.

You are required to provide information explaining why your spouse has not enrolled in, or when your spouse will become eligible for, medical coverage in the comments area below.

Comments (250 character max)

Back **Next** Click here for help

PLEASE NOTE: Only the sections that require a response will open up for data entry. Any grayed out sections do not require a response. If you need to provide additional information, please use the appropriate "Comments" box.

Select **Next** to proceed through each section of the form.

10. If your spouse's employer offers medical insurance and the spouse is enrolled, it is required to provide the spouse's health insurance information.

Spousal Coordination of Benefits Form

Name of Carrier: [Text Field]
Policy Number: [Text Field]
Coverage Effective Date: [Text Field]

☐ Yes ☐ No Does your spouse have prescription drug coverage available to them through their employer, either as part of a medical plan or as a separate prescription plan?
☐ Yes ☐ No Does this plan include a Health Savings Account? [Explain This](#)
☐ Yes ☐ No Is this a Medicare Supplemental Plan? [Explain This](#)
☐ Yes ☐ No Is this a Medicare Advantage Plan? [Explain This](#)

Comments (250 character max)

Back **Next** Click here for help

Completing the Spousal Coordination of Benefits Form (continued)

- 11. Authorizations 1 and 2.** Please read each authorization, then select **Accept and Continue**.

Accepting each authorization certifies you have read and understand all information included in the authorization section.

This form is not complete until all 3 authorizations are accepted.

Authorization 1 of 3

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers and spouses who are retired and are eligible for medical coverage through their former employers:

1. This information will be shared with the State of Delaware's plan administrator.
2. If spouses do not enroll in their own employers' (or former employers') medical coverage when required, the State will reduce payment to 20% of covered services provided by the employee's State of Delaware benefit plan, and amounts not paid will be the sole responsibility of the employee and spouse.
3. When spouses of State of Delaware employees or retirees enroll in their employer's (or former employers') coverage, those plans pay benefits first. Then the State of Delaware will pay additional covered expense, if any, up to the maximum allowed under our employee medical plan, not exceeding a limit of 100% coverage from both plans combined.

It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. **Providing false or incorrect information may result in disciplinary action and sanctioned payment** (reduced to 20%) of claims for your spouse. Any claims that are based on false or incorrect information will be reversed and payment will be the responsibility of the employee.

This form is not complete until all 3 authorizations are accepted.

Authorization 2 of 3

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers and spouses who are retired and are eligible for medical coverage through their former employers. Generally, the following spouses are not required to enroll in their company medical benefits and may receive primary State of Delaware medical benefits (verification may be required from the spouse's employer):

- Spouses not working full time, or
- Spouses who are self-employed/sole proprietors, or
- Spouses who do not yet qualify for medical coverage through their employer, or
- Spouses whose employers (or former employers, if retired) require a contribution of more than 50% of the premium for the lowest benefit employee only plan available, or
- Spouses whose employers (or former employers, if retired) do not offer medical coverage, or
- Spouses who (1) retired before October 1, 2011, (2) declined medical coverage at the time of retirement, and (3) are now not permitted to enroll during the employer's next Open Enrollment.

It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. **Providing false or incorrect information may result in disciplinary action and sanctioned payment** (reduced to 20%) of claims for your spouse. Any claims that paid based on false or incorrect information will be reversed and payment will be the responsibility of the employee.

For any information view the complete [Spousal Coordination of Benefits Policy](#).

- 12. Authorization 3.**
Please read this authorization, then select **Accept & Submit**.
- If you select **Cancel**, your form will not be authorized or submitted to the carrier. You will be required to **Create a New Form**.

This form is not complete until all 3 authorizations are accepted.

Authorization 3 of 3

If any of this information changes I must complete a new form within 30 days. In addition, a new form must be completed annually during Open Enrollment.

Notice to All Parties Completing this Form

To ensure proper coordination of benefits with other health care coverage, the State of Delaware will verify the accuracy of information by conducting audits, contacting you, and/or contacting your spouse's employer or former employer. It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. **Providing false or incorrect information may result in disciplinary action and sanctioned payment** (reduced to 20%) of claims for your spouse. Any claims that paid based on false or incorrect information will be reversed and payment will be the responsibility of the employee.

Completion of a new form is required if health care coverage or employment changes.

- 13.** When the form is completed the message on the screen will say **ENTRY IS COMPLETE**.
- An email confirmation will be sent to the preferred email address in Personal Information.
 - You will have the option to **View/Print Summary** to keep for your records.

ENTRY IS COMPLETE

1. Your spousal Coordination of Benefits form is now complete.
2. If you need to change information after you have completed the form, you must create a new form.
3. You are encouraged to maintain a copy of the summary and the email confirmation.

- 14.** Select **Exit** to sign out.

Completing the Spousal Coordination of Benefits Form *(continued)*

View Form History

1. Once you **Exit** the form, you can view the form immediately following its completion.
2. Select the **Home** icon located at the top right-hand corner of the page.
3. Select **Benefits**.
4. Select **Spousal Coordination of Benef**, then verify **Personal Contact Information**.
5. The screen will appear providing option to **View Form History**.
6. Select **View Form History**, to view a list of all your completed Spousal Coordination of Benefits forms by date.

Personalize Find View All First 1-3 of 3 Last									
Click Here	Empl ID	Effective Date	Employee Carrier	Name	Spouse Name	Auth1	Auth2	Auth3	
1 Click Here	466746	05/20/20XX	Highmark	State Employee	Employee Spouse	Y	Y	Y	
2 Click Here	466746	05/20/2018	Highmark	State Employee	Employee Spouse	Y	Y	Y	
3 Click Here	466746	01/01/2016	Highmark	State Employee	Employee Spouse	Y	Y	Y	

[Return](#)

7. You may select each form to review. If information is incorrect, you will need to complete a new form by returning to the **CREATE NEW FORM** step. **NOTE:** "N" or N/A" will display on the form summary for questions that did not require a response.

A form will only be considered completed if all three (3) authorizations are marked with "Y".