

**FAIRFIELD BOARD OF EDUCATION
SPOUSAL BENEFITS AFFIDAVIT**

I, _____, being duly sworn, depose and state that:

1. I am over the age of eighteen and believe in the obligations of an oath.
2. I am employed by the Fairfield Board of Education as a _____ and I am a member of the bargaining unit known as the Fairfield Association of Educational Office Professionals ("FAEOP") which is subject to a collective bargaining agreement ("CBA") with the Fairfield Board of Education.
3. My spouse, _____, is, or was, employed by _____ . Through this employer, my spouse was eligible for and received health insurance.
4. Due to the change in circumstances described below, my spouse is not otherwise eligible for health insurance from his or her employer.

My spouse's eligibility for insurance changed for the following reason(s):

(Attach additional sheets as necessary. Said attachments shall be subject to the same acknowledgement as this affidavit.)

5. As evidence of the change of circumstances described in Paragraph 4, I attach copies of the following documents hereto:

6. As a result of the change in circumstances regarding my spouse's eligibility described in Paragraphs 4 and 5, I am seeking to pay the "Two Person & Family" premium cost share rate contained in Appendix D of the CBA and not the "Spouse employed-eligible elsewhere" premium cost share rate contained in Appendix D of the CBA.

7. In making this affidavit, I understand that if it is not true that the Fairfield Board of Education shall be entitled to reimbursement for the difference between the "Spouse employed - eligible elsewhere" premium cost share rate contained in Appendix D of the CBA and the premium cost share rate for "Two Person & Family" contained in Appendix D of the CBA.

ACKNOWLEDGEMENT

I acknowledge that the statements contained in this affidavit are true and accurate to the best of my knowledge and belief and that the documents attached hereto are true and accurate copies under the pains and penalties of perjury.

Date

State of Connecticut

County of _____ ss: _____

On this the _____ day of _____, 2017, before me, _____, the undersigned officer personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledge that she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand

Notary Public/ Commissioner of the Superior Court

My Commission Expires: _____