

COMPLETE SPOUSAL SURCHARGE AFFIDAVIT IN THE BENEFITS ADMINISTRATION SYSTEM

Go to peia.wv.gov and click Manage My Benefits.

E	West Virginia Public En Benefitting People Who Serv	nployee	es Insuranc	e Agency		
Members	Health Plans	Partners	Forms & Downloads	Wellness Tools	FAQ	Contact PEIA
	AL		→	Manage My Benef	its a paper formclick	c here

2 Enter your username and password for the Benefits Administration System and click Login.

Benefits Administration System (BAS) Web Application	C. E. L. J. C. E.
Please login	
Username:	Password:
username	
-> •	Login

Scroll down and click Spousal Surcharge Affidavit.

 Spousal Surcharge Affidavit 		
•	Spousal Surcharge:	
1	No Surcharge Effective: 07/01/2023	

Complete the affidavit, ensure the correct selection has been made and click **Finalize**.

PEIA Spousal Surcharge Affidavit

PEIA is required by law to charge a spousal surcharge if your spouse is eligible for employer-sponsored coverage through his/her employer but has chosen PEIA coverage instead. If applicable, the spousal surcharge will be added to your health insurance premium each month. If your spouse is eligible for coverage as an employee of a PEIA-participating agency, has Medicare, Medicaid, or is retired, the spousal coverage surcharge is waived.

Please mark the statement that applies to your spouse:

- O My spouse has health coverage (other than PEIA) available through his/her employer. (I understand that if my spouse is on my PEIA health coverage, the monthly premium surcharge will be applied to my premium.)
- My spouse does not have health coverage available through his/her employer; is not employed, has Medicare, Medicaid or Tri-Care, is retired. (No surcharge will be applied.)
- O My spouse is employed by a PEIA-participating agency. (No surcharge will be applied.)
 - By checking this box and clicking "Finalize" below, I certify that the above information is true and correct and understand that providing false information on this form is illegal and those who provide false information may be prosecuted. I also understand that if my spouse's employer-sponsored health insurance status changes, it is my responsibility to notify PEIA in writing within the month of the change and the two following months. I acknowledge that PEIA or its agents have the right to audit the information provided here and I may be required to provide documentation to support this information.
 - **H**Back

Finalize