



DOUBLE STATE SHARE APPLICATION/CHANGE FORM

Employee Eligibility for UD Medical Coverage Contribution

The University of Delaware provides additional Flex Credit – UDollars towards medical premiums for you and your eligible dependents, if your spouse is entitled to participate in the State of Delaware Group Health Plan as a Double State Share (DSS) employee or a retiree of the University or State of Delaware (including Delaware State University, Delaware Technical and Community College and school districts in the State of Delaware).

Please confirm your spouse's employment and continued eligibility for this benefit. In addition, if your marital status and/or spouse's employment changes; you are required to notify HR-Benefits within 30 days of this change in status, as this information will impact the future cost of your benefits.

Employee Information: (Please Print)

UD Employee Name: _____

Department: _____ Employee ID: _____ Phone: _____

Last State of DE Employer: _____

State of DE Employer Contact Name and Phone: _____

It is my understanding that I (check one) ☐ qualify ☐ no longer qualify for Double State for Share through the University.

To the best of my knowledge, this information is true and correct.

Employee Signature: _____ Date: _____

Spouse's Information:

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Employee ID: _____ Employer Phone: _____

Spouse's DOB: _____ Benefits Effective Date: _____

Comments: _____

Please return your completed form to:

Human Resources, Att: Benefits • 413 Academy Street • Newark, De 19716 • 302-831-2171 • hrhelp@udel.edu

HR-Benefits Use Only:

Agency Contact

Benefits Representative