



Spouse Surcharge Affidavit

This form must be completed **if you are a full-time employee and enroll your Spouse or Domestic Partner** in the Gen4 employer-sponsored medical plan.

Form is due within 30 days of the close of open enrollment. If you are a new hire, this form is due within 30 days of eligibility. Failure to submit this form on time will result in the assessment of the **\$100 per month Spouse Surcharge**. Additional details regarding the surcharge are provided on the reverse side of this form.

Section One: Employee / Spouse / Domestic Partner Information

| | | | |
|----------------------------------------------------------|--|-------------------------|--|
| Employee Name (First, M.I., Last) | | Last 4 Digits of SSN | |
| Spouse/Domestic Partner's Name (First, M.I., Last) | | Last 4 Digits of SSN | |

Section Two: Spouse/Domestic Partner's Eligibility for Other Coverage

1. Is your Spouse/Domestic Partner employed?

Yes

No If No, skip to the Acknowledgement and Certification section.

2. If your Spouse/Domestic Partner is employed, is your Spouse/Domestic Partner eligible to receive medical insurance through his/her employer?

Yes

No If No, skip to the Acknowledgement and Certification section.

3. If you answered "yes" to questions 1 and 2, you are subject to the spouse surcharge, which will be deducted from your paycheck in addition to your regular medical premiums.

Section Three: Acknowledgement and Certification

I answered "**Yes**" to questions 1 and 2 and understand that the **spouse surcharge will apply** because I am electing to cover my working spouse who is eligible for other medical coverage.

I answered "**No**" to questions 1 and 2 and understand the **spouse surcharge will NOT apply**.

I certify that the information provided on this form is true and correct. I understand that falsifying information may result in disciplinary action, up to and including termination of employment, and I may be held financially responsible for any funds paid on behalf of my spouse.

I further agree to notify the Human Resources Department within 30 days if my spouse gains or loses medical coverage through their employer (a qualified change in status event).

Employee Signature _____ Date _____

Human Resources Use Only

| | |
|-----------------------------------------------------------------------------|----------------|
| Reviewed By: | Date Received: |
| Surcharge Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Information About the Spouse Surcharge

Regardless of which medical plan you choose, you may pay an additional monthly surcharge if you enroll your spouse/domestic partner in the Gen4 medical plan. If your spouse/domestic partner is eligible for medical coverage through his/her employer but chooses not to enroll, a \$100 per month spouse surcharge will be applied in addition to your regular medical premiums.

When the Spouse Surcharge Applies

1. Your spouse/domestic partner's employer offers medical coverage, your spouse is eligible, and did not enroll in that coverage; and
2. You enroll your spouse/domestic partner in the Gen4 employer medical plan; then
3. A \$100 per month Spouse Surcharge will be added to the cost of your coverage (this amount will be deducted from payroll); and
4. The surcharge will also apply if you fail to submit or submit late the required Spouse Surcharge Affidavit.

Note: Surcharge refunds are not retroactive and will not be issued for late or missing forms.

When the Spouse Surcharge Does Not Apply

1. Your spouse/domestic partner does not work outside the home and has no access to other employer coverage.
2. Your spouse/domestic partner's employer does not offer medical coverage, or your spouse/domestic partner is not eligible for it.

Required Enrollment Actions

- Annual Enrollment: Each year, employees enrolling a spouse/domestic partner in the Gen4 medical plan must complete a Spouse Surcharge Affidavit attesting to their spouse's eligibility for other employer medical coverage, whether or not the spouse is enrolled in that coverage.
- Newly Hired Employees: If you enroll your spouse/domestic partner in the Gen4 medical plan when first hired, the Spouse Surcharge Affidavit must be submitted within 30 days of eligibility.
- Qualifying Life Events: If your spouse/domestic partner gains or loses eligibility for other medical coverage, you must notify Human Resources and submit required documentation within 30 days of the event. If the change qualifies, it will take effect on the first of the month following timely notification.

Spouse/Domestic Partner's Employer Enrollment Period

If your spouse/domestic partner's employer medical plan does not follow a calendar-year schedule, your spouse/domestic partner should check with their employer to confirm enrollment deadlines. If enrollment in their employer's plan is not available until the next open enrollment period, the spousal surcharge will continue until that coverage becomes effective.

Cost Considerations

It is important that you consider each of the following items to determine if you wish to enroll your spouse in your employer plan. Monthly premium is not the only item you should evaluate.

1. Monthly premium costs under each plan (compare single coverage with your spouse/domestic partner's plan versus employee + spouse/family coverage under the Gen4 plan, both with and without the surcharge).
2. Plan design differences, including deductibles, out-of-pocket maximums, copays, and coinsurance.
3. Type of plan, IRS regulations prohibit enrollment in both a High Deductible Health Plan (HDHP) and a traditional plan (such as a PPO) at the same time.