

2015 Spousal Affidavit Medical Coverage

The Company adopted special eligibility rules for spouses to be covered under the company's medical plan effective January 1, 2014. The Company is adhering to this for 2015. If your spouse is eligible for *employer-sponsored medical insurance coverage* through their employer, your spouse is NOT eligible for coverage under the "Company" Medical Plan.

Employees enrolling their spouse in Medical Coverage must complete this form, sign, return to HR no later than 11/30/14.

Section I - Spouse Complete Section I

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|---|--------|
| 1) Is your spouse employed? | Yes No |
| 2) Is your spouse currently enrolled in any other medical plan? | Yes No |
| 3) Is your spouse eligible for medical coverage through his/her employer? | Yes No |
| If No to question #3, please indicate why not: _____ | |

I hereby authorize the release of my employer-sponsored medical insurance eligibility status and authorize its use in determining eligibility under the Medical Plan.

Name of spouse (printed): _____

Signature of spouse: _____ Date: _____, 2014

Employer: _____ Phone Number: (____) ____-____

Section II – Employee Complete Section II

I certify that all information on this form is true, correct and current. I also understand that if the medical insurance eligibility status of my spouse changes at any time during the year, it is (my) the Employee's responsibility to immediately notify the Human Resources Department. I also understand that if my spouse is offered medical coverage during 2015, I (*Employee*) need to make a medical change (or any *Qualifying Event*) within 30 days from eligibility date.

By providing information above and by signing below, I (*Employee*) understand that falsification of this information is against company policy and is cause for discipline up to and including termination of employment.

Employee Printed Name: _____ Employee ID# _____

Employee Signature: _____ Date: _____, 2014

Please return this form to:

Human Resources Dept.
145 Hunter Drive, Mail Code 2061-H
Wilmington, OH 45177
Fax: 937.366.3116
Email: abx.benefits@abxair.com