

2016 Spousal Affidavit Medical Coverage

The Company adopted special eligibility rules for spouses to be covered under the company's medical plan. The Company is adhering to this for 2016. 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 12/31/15.

Section I – Spouse complete

- 1) I am employed? Yes No
2) I am currently enrolled in another medical plan? Yes No
3) I am eligible for medical coverage through my 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.

Printed name of employee's spouse: _____

Signature of employee spouse: _____ Date: _____, 20__

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 2016, 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: _____, 2015

Please return this form to: AMES HR 1005B

Or mail to Christine Cousineau, 145 Hunter Dr, 1005B, Wilmington, OH 45177

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