THE ARC OF WASHINGTON COUNTY, INC.

Spousal Medical Coverage Attestation

A spouse is a legally recognized partner by marriage. Spouses of employees of The Arc of Washington County, Inc., are eligible to enroll in The Arc's group/employer sponsored health plan only if they **do not** have access to health insurance coverage through their own employment.

Any employee who wishes to cover his or her spouse in a group health plan sponsored by The Arc of Washington County MUST complete the information below and return this form to the Benefits Administrator.

Please check the box that applies:

- ☐ My spouse is not employed.
- ☐ My spouse is employed, but does not have access to health insurance coverage through his/her employer because health insurance benefits are not available.
- ☐ My spouse is employed, but does not have access to health insurance coverage through his/her employer because my spouse does not meet the health plan's eligibility requirements.

Your signature below is an acknowledgement that you have accurately described your spouse's position with regard to other health plan coverage. If your spouses' coverage situation changes during the year, you are responsible to notify the Benefits Administrator within 30 days of the event to either add your spouse to your plan if they have lost coverage or remove your spouse if she/he become eligible for other coverage. Any falsification, misrepresentation or inaccuracy of the information provided in this document, any failure to fully cooperate with the Benefits Administrator in verifying the information provided in this document or any failure to promptly notify the Benefits Administrator of any change in the information provided in this document may result in the termination of your employment.

Signed: _____ Date: _____

Printed Name: _____ ID #: _____