



**MOUNT ST. MARY'S UNIVERSITY MEDICAL BENEFIT PLAN
SPOUSAL COVERAGE AFFIDAVIT**

If you are electing coverage for your Spouse under the Mount St. Mary's medical plan, you must read the following statements, mark the appropriate box, sign and return this form to your Human Resources Representative.

- My spouse is not employed.*
- My spouse is employed and is **not** eligible for medical coverage through his/her employer that is subsidized by the employer. ("Subsidized" means that the employer pays for part of the cost of employee only coverage.)*
- My spouse is self-employed and does **not** have medical coverage available to him/her as a result of self-employment.*
- My spouse is currently employed at Mount St. Mary's University.*

If your spouse is enrolled under the Mount St. Mary's medical plan coverage or becomes eligible for health coverage through his/her employer, you are required to notify the Human Resource Department within 31 days of such change. Failure to notify the Human Resource Department in a timely manner may bar you from making a change in your coverage election under the Mount St. Mary's medical plan until the next annual open enrollment period.

My signature below indicates that the facts set forth on this form are true and complete to the best of my knowledge. Any false statements written on this form or on future forms as it relates to spousal health plan coverage information shall be considered grounds for disciplinary action, which may include suspension and/or termination of employment.

Name (Please Print)

Date

Signature

Name of Spouse