

Spouse/Domestic Partner Surcharge Agreement

If you choose to enroll your spouse/domestic partner in the medical plan but he or she is eligible for other medical coverage, you will pay a surcharge each pay period as long as your spouse is covered. The pay period surcharge for 2019 will be \$64.62.

Please note: If you do not return this form, you will be charged the surcharge regardless of whether your spouse/ domestic partner has access to other coverage.

Surcharge is stopped as of the date of the signed form. No refunds are given unless Corporate HR administrative error occurs.

____ My spouse/domestic partner has access to other employer-sponsored health care coverage and as such, I acknowledge that I will have to pay a surcharge each pay period.

____ My spouse/domestic partner **does not** have access to other employer-sponsored health care coverage.

____ I am currently paying the surcharge, however my spouse no longer has coverage and the surcharge should be removed.

This form and supporting documentation are subject to review and final determination by Devereux. Individuals found to have falsified, exaggerated, or otherwise misrepresented any information contained herein may be subject to disciplinary action in accordance with the Devereux Standards of Conduct, up to and including termination of employment, retribution restitution for benefits received falsely, loss of medical coverage, and his/her as well as his/her family's ineligibility for COBRA benefits.

Signed this ___ day of _____, 20__.

Employee Signature

Employee Print Name
Representative

Corporate Human Resources