

Purdue University

Working Spouse Premium Waiver Form

Printed Employee Name _____ Printed Spouse Name _____

This form must be completed and uploaded into Benefitfocus no later than December 2, 2019, ONLY if you will be covering a spouse through a Purdue medical plan AND one of the following conditions applies:

- Spouse is employed somewhere other than Purdue, or self-employed, with **no access** to an employer group plan where at least 50% of the employee-only premium is paid on their behalf.

Working spouse premium can be waived and coverage through Purdue will be primary.

- Spouse is employed somewhere other than Purdue, or self-employed, and takes coverage through an employer group plan where at least 50% of the employee-only premium is paid for on their behalf.

Working Spouse premium can be waived and coverage through Purdue will be secondary.

Employer Certification – to be completed and signed by spouse’s employer

- Is the spouse named above eligible for medical insurance under a group plan where at least 50% of the employee-only premium is paid for on his/her behalf? Yes No
- If yes, is he/she enrolled in this plan for 2020? Yes No

Employer Name _____
Employer Representative Signature _____
Employer Representative Printed Name _____
Phone Number _____

Employee Certification

I hereby certify that the information above is accurate and true. I understand that if I have given inaccurate or false information, I may be subject to disciplinary action up to and including termination of employment by Purdue University. I understand further that I may be required to pay additional expenses in the event this information is not correct.

Employee Signature _____ Date _____