## **Spouse/Domestic Partner Surcharge Affidavit**

Employee Name

If your spouse or domestic partner is eligible for health coverage through their employer and doesn't enroll in those benefits, but elects to enroll in Lewis & Clark's health benefits, a monthly spousal surcharge will be deducted from your paycheck. The monthly spousal surcharge is \$50.00.

If your spouse or domestic partner is not eligible for benefits through their employer, unemployed, self-employed, or on Medicare or Medicaid, you will **<u>not</u>** be charged a monthly surcharge when they enroll in Lewis & Clark's benefits.

You must complete this form to indicate whether or not your spouse or domestic partner is subject to the surcharge.

Is your spouse/domestic partner employed? 
Yes No

Is your spouse/domestic partner eligible for group coverage through their employer?  $\Box$  Yes  $\Box$  No

Is your spouse/domestic partner enrolled in a health plan through their employer?  $\Box$  Yes  $\Box$  No

Will you be enrolling your spouse/domestic partner in the Lewis & Clark benefits at this time?

Spouse/Domestic Partner's Name

Spouse/Domestic Partner's Date of Birth

Spouse/Domestic Partner's Employer

Spouse/Domestic Partner's Employer's HR Phone Number

I certify that the information provided above is true and correct, and I am able to provide proof of spouse/domestic partner's employment and/or eligibility for employer health coverage, if requested.

Emplo	yee	Signature

Date