

Spousal Carve Out Affidavit

Employee Name

If your spouse is eligible for group health insurance through his or her employer, then he or she will not be eligible to obtain coverage under Taylor Transportation, Inc., d/b/a Taylor Express Health Plan. You must complete this form to indicate your spouse's eligibility for participation in Taylor Transportation, Inc., d/b/a Taylor Express's Health Plan.

Is your spouse employed? Yes No

Is your spouse eligible for coverage through his or her employer? Yes No

Is your spouse enrolled in a Health Plan through his or her employer? Yes No

Spouse's Name

Spouse's Date of Birth

Spouse's Social Security Number

<input type="text"/>	<input type="text"/>
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Spouse's Employer

Spouse's Employer's HR Contact Name

HR Phone Number

<input type="text"/>	<input type="text"/>
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Falsified information concerning your spouse's coverage opportunities will result in them being dropped from our Plan. This could result in disciplinary action towards you up to and including termination.

If your spouse loses coverage through their employer, they will be eligible to join our Plan. Conversely, if they are offered coverage at any time during the Plan year, you are required to notify HR as soon as possible in order for us to start the transition process.

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

Employee Signature

Date