

Wilkes University

SPOUSAL MEDICAL COVERAGE AFFIDAVIT

Wilkes University offers employees the option to enroll their eligible spouse in a University-sponsored medical plan. To ensure compliance with University benefit policies, this form must be completed in full before spousal coverage can be approved. Incomplete forms may delay the processing of your spouse's enrollment request.

Section I – Employee Information

The undersigned, _____, an employee of Wilkes University and their legal spouse or domestic partner, _____, "spouse", hereby certify and affirm that the following statements are true and correct as of the date(s) shown below.

Section II – Spouse Information

Please complete the below and place an "x" in the statements which apply:

_____ (spouse) is employed by
_____ (name of employer), with a business address of:
_____.

My regular work schedule is _____ hours per week. I am not eligible to enroll for medical benefits through this employment because:

- ☐ The employer does not provide medical benefits at all; or
- ☐ The employer provides medical benefits for which I am not eligible for the following reason or reasons:

We agree to notify Wilkes University in writing (directed to Katherine Malcolm) within ten (10) days, in the event there is a change in eligibility for medical benefits at spouse's employer.

Signature of Employee _____ Date _____

Signature of Spouse _____ Date _____

Section III – Employer Verification – To be completed by Spouse's Employer

_____ an authorized representative of "spouse" employer,
_____, who can be reached for confirmation at
_____ certify that "spouse" is not eligible for health coverage through
their employee benefit plan.

Signature of Authorized

Representative of Spouse Employer

Date

Submission

Please return the completed form to:

Katherine Malcolm, HR Manager for Employee Benefits

Wilkes University Human Resources 84 West South Street, Wilkes-Barre, PA 18766

Fax: (570) 408-7879 | Email: katherine.malcolm@wilkes.edu | Phone: (570) 408-4644