

## Purdue University Working Spouse Premium Waiver Form

Printed Employee Name \_\_\_\_\_ Printed Spouse Name \_\_\_\_\_

**This form must be completed and returned to Purdue no later than December 1, 2026 and is required ONLY if you will be covering a spouse through a Purdue medical plan in 2026 AND one of the following conditions applies:**

- Spouse is employed somewhere other than Purdue, or self-employed, AND has no access in 2027 to an employer group plan where at least 50% of the employee-only premium is paid on their behalf. In this case, the working spouse premium can be waived and coverage through Purdue will be primary.
- Spouse is employed somewhere other than Purdue, or self-employed, AND will take coverage in 2027 through an employer group plan where at least 50% of the employee-only premium is paid for on their behalf. In this case, the working spouse premium can be waived and coverage through Purdue will be secondary.

**Employer Certification - to be completed and signed by spouse's employer**

- If spouse is self-employed, this section should be completed by spouse.
- Purdue employee must sign the Employee Certification below.

- 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 2027? ☐ Yes ☐ No

Employer Name \_\_\_\_\_

Employer Representative Signature \_\_\_\_\_

Employer Representative Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Employee Certification - to be signed by Purdue employee**

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.

I acknowledge that if there are changes to the above information during the plan year, I am responsible for reporting the change to Human Resources so my benefits can be updated accordingly.

Purdue Employee Signature \_\_\_\_\_

Date \_\_\_\_\_