PURDUE UNIVERSITY | Human Resources

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 2027 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 _____