



Purdue University

Working Spouse Premium Waiver Form

Printed Employee Name _____ Printed Spouse Name _____

This form must be completed and uploaded into Benefitfocus no later than December 1, 2021, and is required ONLY if you will be covering a spouse through a Purdue medical plan in 2022 AND one of the following conditions applies:

- Spouse is employed somewhere other than Purdue, or self-employed, AND has **no access** in 2022 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 2022 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 2022? 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.

Employee Signature _____ Date _____