



# Purdue University

## Working Spouse Premium Waiver Request

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

**This form must be completed and uploaded into Benefitfocus no later than December 2, 2019, ONLY if you will be covering a spouse through a Purdue medical plan AND one of the following conditions applies:**

- Spouse is employed somewhere other than Purdue, or self-employed, with **no access** to an employer group plan where at least 50% of the employee-only premium is paid on their behalf.

Working spouse premium can be waived and coverage through Purdue will be primary.

- Spouse is employed somewhere other than Purdue, or self-employed, and takes coverage through an employer group plan where at least 50% of the employee-only premium is paid for on their behalf.

Working Spouse premium can be waived and coverage through Purdue will be secondary.

**Employer Certification – to be completed and signed by spouse’s employer**

- 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 2020?  Yes  No

Employer Name \_\_\_\_\_  
 Employer Representative Signature \_\_\_\_\_  
 Employer Representative Printed Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**Employee Certification**

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.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_