



Affidavit of Spouse/Domestic Partner Eligibility

Medical Insurance: GMN employee's spouses and domestic partners with access to employer-sponsored medical coverage through their employer are not eligible dependents for enrollment in GMN's Cigna medical plans.

Dental and Vision Insurance: GMN employee's spouses and domestic partners are eligible dependents for enrollment in GMN's voluntary Delta Dental plan and/ voluntary VSP vision plans.

I declare, that the statements below are true and correct.

1. My spouse/domestic partner is employed:
 Yes No (if no, proceed to signature line)

2. If yes, my spouse/domestic partner is eligible for their own employer-sponsored coverage:
 Yes No

If you answered yes, to question #2, your spouse or domestic partner is not eligible for enrollment in GMN's medical plans. Please notify Human Resources immediately if you need to remove an ineligible spouse or domestic partner from the medical plan.

My spouse/domestic partner is my lawful and eligible dependent. I agree that falsification of any statement in this application may bar the right to services under the plan. I certify that the information I have provided is true and complete. I further understand that it is my obligation to notify GMN when my spouse/domestic partner no longer meets the eligibility requirements.

Once a spouse/domestic partner does not meet the definition of an eligible dependent, they are no longer eligible for medical benefits. I understand that false or inaccurate information (including misrepresentation of dependent status) and failure to notify my employer that my dependent(s) no longer meet the dependent definition may result in the termination of coverage, non-payment of benefits, recovery of ineligible benefit payments from me or my healthcare providers, termination of employment and/or legal action.

Employee Signature: _____ **Date:** _____

Printed Employee Name: _____ **Employee #:** _____