



**All eligible, married, employees who enroll for spouse or domestic partner coverage under the medical plan, must complete this form**

**Working Spouse/Domestic Partner Affidavit  
February 1, 2019 – January 31, 2020 Plan Year**

Molecular Epidemiology, Inc. imposes a **\$100 per month surcharge** to employees that elect to cover a working spouse/domestic partner (DP) who is eligible for group medical coverage through his/her own employer (other than through MEI/IEH). If, at any point, your spouse/DP ceases to be eligible for his/her employer's medical coverage, he/she may be enrolled under the Molecular Epidemiology, Inc.'s medical plan. At that time you must sign a new Working Spouse/DP Affidavit. You will have up to 31 days from the loss of eligibility to enroll your spouse/domestic partner under our plan.

An open enrollment under another employer's benefit plan is typically considered a permitted mid-year change in status event under Section 125. If your spouse/DP's open enrollment occurred earlier in the year and your spouse/DP chose not to enroll in coverage for which he/she was eligible for, he/she should contact his/her employer and request to enroll in their employer's benefit plan immediately.

**You must complete this affidavit and return it with your enrollment materials.**

**If you do not return the Affidavit and you are enrolling a spouse/DP on the medical plan, your spouse/DP will not be enrolled for coverage. You may not make any changes to your election until the following annual benefit enrollment period unless you experience a qualifying event.**

The surcharge does not apply toward dependent children. You are still able to enroll your eligible dependent children in the medical plan regardless of your spouse/DP's status under this restriction. Please contact your local human resources representative if you have any questions.

**Please read all three options and check one:**

- My spouse/DP is **unemployed** and will be covered under the Molecular Epidemiology, Inc. medical plan. **The \$100 per month surcharge WILL NOT APPLY.**
- My spouse/DP is **employed but not eligible** for group medical coverage through his/her own employer and will be covered under the Molecular Epidemiology, Inc. medical plan. **The \$100 per month surcharge WILL NOT APPLY.**
- My spouse/DP is **employed and eligible** for medical coverage through his/her own employer and will be covered under the Molecular Epidemiology, Inc. medical plan. **The \$100 per month surcharge WILL APPLY.**

I do hereby attest that the above information is true and correct to the best of my knowledge. I understand Molecular Epidemiology, Inc. reserves the right to request supporting documentation and any proof as it, in sole discretion, deems necessary in order to verify the representations I have made in this Affidavit. I also understand that if my spouse/DP's group medical insurance status changes, it is my responsibility to notify Human Resources within 31 days of such change. **I further acknowledge that if my spouse/DP is covered under the Molecular Epidemiology, Inc. medical plan and it is later determined that my spouse/DP was eligible for other group medical coverage through his/her employer, I may be required to repay the cost of any claims incurred by my spouse/DP from the date of ineligibility. I further understand that knowingly falsifying this form or making any false statement or representation connection with this form may result in retroactive payroll contribution adjustments and/or disciplinary action up to and including termination of employment.**

**Employee Printed Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_