



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

Spouse/Domestic Partner Coverage Affidavit February 1, 2023– January 31, 2024 Plan Year

Molecular Epidemiology, Inc. does not allow employees to enroll a working spouse/DP who is eligible for group medical and dental 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 and/or dental coverage, he/she may be enrolled under the Molecular Epidemiology, Inc.'s medical and/or dental plan. At that time, you must sign a new Spouse/DP Coverage 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 as they will lose coverage as of February 1, 2023.

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 and/or dental plans, 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 exclusion does not apply toward dependent children. You are still able to enroll your eligible dependent children in the medical and dental plans 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 and/or dental plans.
- My spouse/DP is **employed but not eligible** for group medical and dental coverage through his/her own employer and will be covered under the Molecular Epidemiology, Inc. medical and/or dental plans.

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 and dental 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 and/or dental plans and it is later determined that my spouse/DP was eligible for other group medical and dental 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: _____