



Spousal Carve Out Affidavit

Part 1: (Team Member to complete)

Team Member Name: _____

If your spouse is eligible for group health insurance through his or her employer, then he or she will not be eligible to obtain coverage under Process Technology's group health plan. You must complete this form to indicate your spouse's eligibility for participation in Process Technology's health plan.

Spouse's name: _____

Is your spouse employed? Yes (Complete part 2 and part 3) No (Complete part 3)

Spouse's Employer: _____

Part 2: (Spouse's Employer to complete if spouse is employed)

Is medical insurance offered to the spouse named above? Yes No

Reason spouse is not eligible for their employer's medical insurance plan:

Employer representative name printed

Phone Number and email

Employer representative's signature

Date

Part 3: (Team Member to complete)

I certify that the information provided above is true and correct.

Team Member Signature: _____ Date: _____

Please have this form back to a member of Talent Management by December 2nd, 2024.