

# 3TWENTY THREE PERSONNEL

## Affidavit of Spousal Coverage

3TwentyThree Personnel policy does not allow MEDICAL coverage for your spouse if it is available through his or her employer. The “Working Spouse’s Rule” requires employed spouses of 3TwentyThree Personnel employees to join their employer’s group medical plan if coverage is desired and available. Your spouse’s eligibility for plan coverage under our company plans will not be considered until this form is fully completed and returned. **The term “spouse” is defined as your “legal spouse of the opposite sex”.**

Are you legally married?		Yes		No	Does your spouse work?		Yes		No
If your spouse works answer the below questions with your SPOUSES information:									
Spouses Name:									
Employer Name:									
Employer Address:									
Employer Phone Number:									
Is he or she eligible to participate in their employer’s medical plan?		Yes		No					

If my spouse’s employment status and medical benefits eligibility changes in the future, I understand that I am responsible for completing a new enrollment form and new Affidavit of Spousal Coverage form within 31 days of the change. I understand that failure to notify 3TwentyThree Personnel of my spouse’s employment change or falsifying his or her employment status is against company policy.

By signing this form, I attest to the accuracy of the statements above and understand falsification of any document may result in disciplinary action up to and including termination of employment.

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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