



**Office of Management and Enterprise Services
 Employees Group Insurance Division
 3545 N.W. 58th, Suite 110, Oklahoma City, OK 73112
 405-717-8701**

**EXCLUSION FOR SPOUSE COVERAGE
 74 O.S. 1991, Section 1309 As Amended**

An employee may elect to cover all eligible dependent children and elect not to cover his/her spouse.

This election shall be made at any one of these dates: (1) at the time the employee becomes enrolled in the plan, (2) at the time of enrollment during option period, or (3) when a qualifying event occurs. The employee who elects to cover all eligible dependent children and not the spouse will not have the opportunity to enroll his/her spouse until either the next enrollment period or a qualifying event occurs.

The employee whose name appears below elects to exclude the spouse from the following plan(s) (circle as appropriate):

Health

Dental

Group ID#/ Division #: _____ Group Name: _____

Employee's Name: _____ SSN or Member ID # _____
(Please Print)

Employee's Signature: _____ Date _____

Spouse's Name: _____ SSN _____
(Please Print)

Spouse's Signature: _____ Date _____

NOTE: This form does not provide exclusion for Life or Vision coverage.

This form does not need to be submitted to EGID. However, completion of this form is required by State Statute and should be retained in the entity's files for auditing purposes.