

2015 Working Spouse/Domestic Partner Premium Reduction

WAIVER FORM

If your spouse is enrolled in the Columbus US Medical Insurance Plan, you are subject to a monthly Working Spouse Premium Subsidy Reduction of \$50. In order to apply for a waiver of the reduction, you must submit this form.

Instructions: Complete this form only if you are requesting a waiver of the \$50 monthly Working Spouse/Domestic Partner Premium Reduction for the medical plan. You are eligible for the waiver if your spouse/domestic partner (1) works for Columbus US/To Increase, (2) is not employed, or (3) does not have any access to medical coverage through his/her employer. Check the appropriate box below that applies to you.

Employee Name: _____

Spouse/Domestic Partner Name: _____

Spouse/Domestic Partner Employer: _____

- ☐ My spouse/domestic partner is a Columbus US/To Increase employee
- ☐ My spouse/domestic partner is not eligible for medical coverage through his/her employer.
- ☐ My spouse/domestic partner is not employed.

My signature below indicates that the facts set forth in this document are accurate, true and complete to the best of my knowledge. I understand that should my spouse's/domestic partner's medical coverage eligibility change, it is my responsibility to notify the Columbus US Benefits Department within 30 days of such change. I also understand that Columbus US will not provide reimbursement of the working spouse/domestic partner premium prior to the first of the month following notification to Columbus US of the eligibility change. I further understand that any false statements or misrepresentation of facts on this form constitute gross misconduct which could result in termination of my employment and may affect future spouse/domestic partner eligibility for Columbus US benefits as well as creating the right for Columbus US to recover back payment of spousal/domestic partner claims paid by Columbus US benefit plans. I further understand that the information on this form is subject to verification.

Employee Signature

Date of Signature

**Please return the completed form to the Columbus US Human Resource Department
via email, jdb@columbusglobal.com**

OR click the submit button below:

SUBMIT