

Spousal Employer Medical Coverage Attestation Form

GUIDELINES

If you enroll your spouse in medical coverage under the Westlake Health Care plan and your spouse is employed with access to medical coverage, you are subject to a monthly spousal surcharge. In order to apply for a waiver of the spousal surcharge, you must submit this form via email to benefits@westlake.com. Additional documentation may be required after your application is reviewed.

EMPLOYEE INFORMATION

Westlake Employee Name: _____ Work Location: _____

Workday Employee #: _____

Employee Email: _____ Employee Phone #: _____

Spouse's Name: _____ Spouse's Employer: _____

Coverage effective for (select one):

Current year enrollment

Open Enrollment

I certify that the answers provided on this attestation form are true and correct. I also understand that if I knowingly and willfully submit false information in order to obtain a waiver of the spousal surcharge, I will be required to pay all surcharges that were waived.

I understand that if approved, the spousal surcharge waiver will expire at the end of each enrollment period at which time I will be required to reapply for the surcharge waiver.

Employee Signature: _____ Date: _____

TO BE COMPLETED BY SPOUSE'S EMPLOYER

I hereby certify that the spouse listed above is employed but does not have access to medical coverage and will not be eligible for medical coverage through the employer at any time. If subject to a waiting period, please specify the date in which the waiting period will expire and the spouse will have access to medical coverage through their employer.

I certify that the spouse listed above does not have access to medical coverage through their employer

I certify that the spouse listed above is subject to a waiting period but after the waiting period will have access to medical coverage through their employer*

* Date in which waiting period will expire: _____

Spouse's Employer: _____

Employer Representative Name: _____

Employer Contact Number: _____

Employer Representative Signature: _____