

**Catholic Health Spouse Access to Coverage Attestation**

For employees who enroll a spouse under the Catholic Health Medical Plan, if the spouse has access to medical coverage through his/her employer, the pre-tax spousal surcharge will be deducted from the employee's paychecks.

This Attestation Form is for employees who need to update their spouse's access to other coverage.

Please read the statement below and check off the statement that applies. Please submit this Form to the Catholic Health MyHR Team (contact information below).

This change will be made effective 1<sup>st</sup> of the month following when you sign and submit this Attestation to MyHR

**STATEMENT**

I \_\_\_\_\_, am attesting that my spouse, \_\_\_\_\_  
[Enter your name] [Enter your spouse's name]

Please check one of the following:

- DOES NOT have access to medical coverage through his/her own employer – the spousal surcharge will be removed
- DOES have access to medical coverage through his/her own employer – I understand that the spousal surcharge will apply
- DOES have access to medical coverage through his/her own employer and I would like to remove my spouse from medical coverage (spousal surcharge will not apply)

If my spouse's access to coverage through his/her employer changes, I understand that it is my responsibility to contact the Catholic Health MyHR Team within 31 days so that I may update my enrollment accordingly.

By signing this document below, I am agreeing that I have read and understand these eligibility requirements, and attest that my spouse meets these eligibility requirements. I further attest that all information I have provided in connection with my application for benefits under the Plan is true and accurate.

\_\_\_\_\_  
[Sign your name]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Print your name]

\_\_\_\_\_  
[Employee ID Number]