



2026 Spousal Surcharge Affidavit/Waiver Form

Employee Last Name	Employee First Name	SSN#
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Spousal Surcharge

Employees may choose to have their spouse covered under the Moyer Medical Plan; however, there is a monthly additional charge (a surcharge) if your spouse is eligible for medical coverage through his or her employer, but has not enrolled for that coverage. If your spouse is not eligible for medical coverage through his or her current or former employer, see the waiver process below:

The spousal surcharge will be deducted automatically from your paycheck if you have a spouse covered under your medical plan, unless you apply and are approved for a waiver. This form must be completed annually in order to qualify for the waiver.

Waiver Process

To apply for a waiver of the surcharge, please complete & submit this form to Terri Moyer, Payroll/Benefits, by December 3, 2021. Waiver forms submitted after the deadline will be effective the pay period following approval. You may be asked to provide documentation (prior year IRS Form 1040 or W-2's) to support that he/she was not eligible for other coverage. There will be no retroactive adjustments.

To be completed by Employee		
Spouse's Name:		
Spouse's Employer (Company Name):		
Spouse's Social Security #:		
Is your spouse employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your spouse self-employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Effective date your spouse retired or became unemployed:		
To be completed by Spouse's Employer		
PLEASE CHECK ONE OF THE OPTIONS BELOW AND PROVIDE MORE DETAILS WHERE ASKED:		
<input type="checkbox"/> We offer group medical coverage to our employees and this employee is currently enrolled in coverage.		
<input type="checkbox"/> We offer group medical coverage; this employee is eligible but not currently enrolled.		
<input type="checkbox"/> When would be this employee's next opportunity to enroll (i.e. next annual enrollment)? _____		
<input type="checkbox"/> We offer group medical coverage, but this is a NEW employee who will not be eligible until _____		
<input type="checkbox"/> We offer group medical coverage, but this employee is not eligible. Please explain the reason for ineligibility _____		
<input type="checkbox"/> We do not offer group medical coverage to our employees.		
Name of Owner or Benefits/HR Administrator:		
Signature of Owner or Benefits/HR Administrator:		
Contact/Phone Number:	Date:	
I hereby certify that the information contained on this form is true and correct. I understand that MOYER reserves the right to verify the information provided on this form by contacting my spouse's employer. I also understand that if my spouse becomes eligible for medical coverage from his or her employer during the plan year, I must notify HR of this change and will begin having the spousal surcharge deducted from my paycheck. I understand that this waiver form is considered approved unless I am notified by HR.		
Employee Signature:		Date: