



Spouse Certification

2019 Medical Plan Spouse Coverage Certification

For Internal Use Only:			
<input type="checkbox"/> SDH	<input type="checkbox"/> HS	<input type="checkbox"/> SCV	<input type="checkbox"/> CH
<input type="checkbox"/> MA	<input type="checkbox"/> SDHM	<input type="checkbox"/> SDHW	

Name:		Employee Number:
SSN:	Date of Birth:	Date of Hire:
Address:		Gender: M / F
City/State/Zip:		Marital Status:
Shift: Day <input type="checkbox"/> Night <input type="checkbox"/>	Work Phone:	Home Phone:

Yes, my spouse will be covered under St. Dominic's medical plan in 2019.

I certify that my spouse (check one):

- Does not work, or
- Works, but is NOT ELIGIBLE for his/her own employer-sponsored medical coverage.

I do hereby attest that the above information is true and correct to the best of my knowledge. I understand St. Dominic reserves the right to request supporting documentation and any proof as it, in its sole discretion, deems necessary in order to verify the representations I have made above. I also understand that if my spouse's group medical insurance status changes, it is my responsibility to notify Human Resources within 30 days of such change. I further acknowledge that if my spouse is covered under the St. Dominic medical plan and it is later determined that my spouse was eligible for his/her own employer-sponsored medical coverage, I may be required to repay the cost of any claims incurred by my spouse from the date of ineligibility. I further understand that knowingly falsifying this form or making any false statement or representation in connection with this form may result in retroactive payroll contribution adjustments and/or disciplinary action up to and including termination of employment.

Employee Signature: _____ Date: _____

Do NOT sign and turn in this form if your spouse will NOT be covered by St. Dominic's medical plan in 2019.

The Benefits Department must receive this original completed form within 30 days of Hire Date. No copies will be accepted by fax or email. If you have questions, please contact the Benefits Department at 601-200-6706, 6858 or 6733.