



T H E D I X I E G R O U P

## Working Spouse Rule

### THE DIXIE GROUP MEDICAL PLAN

NAME \_\_\_\_\_

Social Security Number \_\_\_\_\_

The Company has a working spouse rule that requires your employed spouse to carry primary individual medical insurance through their employer if:

- Medical coverage is available
- Your spouse qualifies for his/her employer 's group medical coverage

If your spouse qualifies for coverage through their employer, the spouse is required to purchase coverage through their employer and cannot be covered under Dixie's Plan. However, eligible dependent children may be covered on Dixie's plan.

Note: The workout does not apply to The Dixie Group Dental Plan and Vision Plan.

If you desire to cover your spouse on Dixie's plan, you must certify your spouse's need and answer the following questions. ***Please answer the following questions and furnish documentation as explained.***

Circle One:

1. My spouse is **not employed** or my spouse is **self-employed**.
2. My spouse is employed **part-time** and is not eligible for medical benefits. (Spouse's employer must forward letter (on company letterhead) to your Human Resources department. Letter must include the spouse's name, and be signed by company representative.
3. My spouse's employer does not offer medical benefits to employees. (Spouse's employer must furnish letter (on company letterhead) to your Human Resources department. Letter must include spouse's name and confirms no medical coverage is offered and be signed by company representative.

I have read the working spouse rule and I attest that the information my spouse and I have furnished is true and complete. If the information changes in the future, I will notify Dixie within 30 days. Further, I acknowledge that providing false or misleading information for this certification will result in disciplinary action up to and including termination of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_