



2025/26 Spousal Surcharge Attestation Form

EMPLOYEE NAME: _____ EEID: _____

Spousal Surcharge:

Employee may choose to have their spouse covered under the Austal USA Medical Plan; however, there is a monthly additional charge of \$200/month (a surcharge) if your spouse is employed full time and eligible for medical coverage through his or her employer. If your spouse is employed part time or otherwise not eligible for medical coverage through his or her current employer, see the waiver process below. The SSWF form is required annually during open enrollment.

Waiver Process:

To be completed by the Dependent's Spouse:

Please check your current working status:

- Not Employed. Please have this dependent initial to attest to this response. _____
- Self-Employed. Please complete the bottom section as the employer.
- Employed (not self-employed). Please have your employer complete the bottom section.

I authorize my employer to release this information on my behalf.

Signature of dependent Spouse: _____ Date: _____

TO BE COMPLETED BY THE ABOVE LISTED DEPENDENT'S EMPLOYER:

Dear Employer,

Your cooperation is required to assist in the review of your employee's access to health insurance coverage.

Please check ONE appropriate answer:

- We offer group medical coverage and this employee is enrolled.
- We do not offer group medical coverage to our employees.
- We offer group medical coverage and this employee is eligible but not enrolled.
- We offer group medical coverage but this employee is part-time and not eligible.
- We offer group medical coverage but this employee is not eligible because (please explain):

My signature is confirmation that the group benefit plan information that I have provided above is true and accurate:

Signature of Employer Representative: _____ Date: _____

Print Representative Name: _____ Title: _____

Print Employer Name: _____ Business Phone _____

Address: _____ City: _____ State: _____ Zip: _____

Please make sure you keep a copy of this form for your records