



2022 Spousal Surcharge Waiver Form

Employee's Name:	Employee ID Number:
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Spouse Surcharge

Employee may choose to have their spouse covered under the Austal USA Medical Plan; however, there is a monthly additional charge (a surcharge) if your spouse is employed full time and eligible for medical coverage through his or her employer but has not enrolled for that coverage. If your spouse is employed part time or otherwise not eligible for medical coverage through his or her current or former employer, see the waiver process below.

For 2022, the spouse surcharge is \$200.00 monthly. The spouse surcharge will be deducted from your paycheck if you have a spouse covered under your medical plan, unless you apply and are approved by a waiver. This form must be completed annually in order to qualify for the waiver.

Waiver Process

To apply for waiver of the surcharge during this open enrollment period, please complete and submit the form below to your Human Resource/Benefits Department by **June 3, 2022**. Waiver forms submitted after the deadline will be effective the pay period following approval. Please make sure you keep a copy of this form for your records.

To be completed by the Employee

Spouse Name:	
Spouse Social Security Number:	
Is your spouse employed full time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Employer:	
Is your spouse eligible for medical coverage through his or her employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information contained on this form is true and correct. I understand that Austal USA 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 my Human Resource/Benefits Department of this change and will begin having the spousal surcharge deductible from my paycheck. I understand that this waiver form is considered approval unless I am notified by the Human Resource/Benefits Department.

Employee's Signature:	Date:
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