



VILLANOVA  
UNIVERSITY

## REQUEST FOR WAIVER OF WORKING SPOUSE SURCHARGE

You have elected to cover your spouse under a University medical plan. As a result, a \$100 monthly spouse surcharge will be added to your medical insurance premium each month. Your waiver to be excluded from this surcharge is not automatic—you must request it each year. Spouse surcharge amounts paid before completing this request cannot be refunded. A waiver is available only if one of the following is true:

▽Your spouse is not employed.

▽Your spouse does not have access to employer-sponsored medical coverage where the employer pays at least 50% of the premium cost.

▽You and your spouse both work at the University.

### SECTION I: VILLANOVA EMPLOYEE INFO

Employee Name:

Villanova Email:

Spouse's Full Name:

#### Select one of the choices below:

\*\*My spouse is employed and has access to employer-sponsored medical coverage, and chooses not to participate in their employer's plan.

My spouse is employed and does not have access to employer-sponsored medical coverage.

My Spouse is not employed.

My spouse is self-employed and does not have access to medical insurance.

My spouse does not have access to employer sponsored medical coverage, but is eligible for age based Medicare/Tricare/individual coverage or marketplace coverage.

You and your spouse are both employed at Villanova and are both covered by the University health plan.

**\*\* \$100 surcharge applies**

### SECTION II: SPOUSE EMPLOYER INFO

I authorize Villanova University to contact my spouse's employer for verification.

Employer Name:

Employer Telephone Number:

**SECTION III: ACKNOWLEDGMENT** I acknowledge that the information provided is true and complete to the best of my knowledge. I acknowledge that the University reserves the right to audit this information and that falsification of any information will result in denial of the waiver and may also lead to disciplinary action, up to and including employment termination, I will notify Human Resources Department if my spouse gains or loses other employer medical coverage (a qualified change in status event) and turn in required paperwork to the Human Resources Department within 31 days of the event. I further understand a spouse surcharge may be terminated at the first of the month following timely notification.

Employee Signature:

Date: