



New Enterprise Stone & Lime Co., Inc.

P.O. Box 77 • New Enterprise, Pennsylvania 16664 • Human Resources: 814-766-4438
Contact HR: humanresources@nesl.com Fax: 814-766-0220

Affidavit for Working Spouse Coverage

THIS FORM MUST BE COMPLETED BY ALL COWORKERS WHO ARE ENROLLING THEIR SPOUSE IN THE NEW ENTERPRISE STONE & LIME CO., INC. (NESL) GROUP MEDICAL AND PRESCRIPTION PLAN

Overview:

If your spouse is eligible for comprehensive medical coverage through their employer, they are not eligible to obtain coverage under the NESL group medical and prescription plan. This spousal exclusion only applies to the medical and prescription plan.

Information Required for Spouse Coverage:

The certification information requested below must be completed by any coworker in order to enroll their spouse on the NESL medical and prescription plan. The form MUST be completed properly and returned to Human Resources before coverage will be provided. Incomplete forms or forms reporting incorrect spouse information will not be considered. Coworkers that enroll their spouses in the NESL medical and prescription plan, and misrepresent their spouse's eligibility status for other employer medical coverage, may be responsible for all of their spouse's medical and prescription plan expenses paid by the NESL medical plan during the time in which another comprehensive group medical coverage was available to the spouse through their own employer.

Employee Attestation:

Coworker Name _____ Coworker ID#: _____

I, _____, certify that my spouse,
_____, is:

- Not eligible** for an employer-sponsored comprehensive group medical plan:
 - Employer provides no group medical coverage.
 - Employer's group medical plan does not provide comprehensive coverage with Minimum Value (MV) benefits in accordance with the Affordable Care Act.
 - Is not eligible for the group medical plan due to part-time, seasonal, or temporary work status.
 - Is not employed.



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- I understand Human Resources may request documentation of my spouse's ineligibility for comprehensive employer-sponsored medical coverage at any time if I have indicated above my spouse is not eligible for employer-sponsored comprehensive medical coverage.
- I am required to notify Human Resources within 31 days of the date in which my enrolled spouse becomes eligible for their employer's comprehensive group medical plan.
- I am aware of the penalty set forth by my employer requiring the payment of any spouse premium paid, including any other medical and prescription plan expenses incurred by the NESL medical and prescription plan if this certification is determined to be inaccurate, is a misrepresentation of my working spouse's eligibility status, and/or in the event I fail to notify my employer of a change in my spouse's status within 31 days of initial eligibility as indicated above.

Spouse's Employer: _____

Employer Address: _____

Employer Phone Number: _____

I certify by signing below that the foregoing is true and accurate to the best of my knowledge.

Coworker Signature _____

Date _____

Effective Date: October 5, 2022