



You have elected to cover your spouse/partner under a University medical plan. As a result, a \$100 monthly spouse/partner 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. A waiver is available only if one of the following is true:

- Your spouse/partner is not employed.
- Your spouse/partner does not have access to employer-sponsored medical coverage with his/her employer where the employer pays at least 50% of the premium cost.
- Your spouse/partner is enrolled in medical coverage at his/her current or former employer. Lehigh's insurance will be secondary for him/her.

Details about the spouse/partner surcharge can be found in the [Flexible Benefits Enrollment and Reference Guide](#), under Benefits on the Human Resources home page.

Whether you have elected medical coverage for your spouse/partner during the Open Enrollment period or as the result of a [Qualifying Life Event](#) (QLE), you will **automatically** be assessed the Spouse/Partner Surcharge of \$100/month. To determine if you qualify to have this charge waived, you must complete this request. ***Spouse/partner surcharge amounts you pay before successfully completing the request cannot be refunded to you, even if the completed result confirms that you should not pay the surcharge going forward.***

To qualify for a waiver of the spouse/partner surcharge as a result of a Qualifying Life Event, your responses to this request **MUST** be received in Human Resources by either the 5th or the 20th of the month to avoid the waiver being applied to the next pay following the coverage change date.

### SECTION I: LEHIGH EMPLOYEE INFO

Employee Name: \_\_\_\_\_

Lehigh Email: \_\_\_\_\_@lehigh.edu

Spouse/Partner's Full Name: \_\_\_\_\_

#### Select one of the choices below:

##### ***My spouse/partner is employed and***

- does not have access to employer-sponsored medical coverage for which the employer pays at least 50% of the cost.
- has access to employer-sponsored medical coverage for which the employer pays at least 50% of the cost, but chooses not to participate in the medical coverage offered.
- is enrolled in medical coverage through his/her employer.

##### ***My spouse/partner is not employed and***

- does not have access to medical coverage through a former employer.
- has access to medical coverage for which a former employer **does not pay at least 50% of the cost**.
- has access to medical coverage for which a former employer **pays at least 50% of the cost**, but chooses not to participate in the medical coverage offered.
- is enrolled in medical coverage through a former employer.

##### ***My spouse/partner is self-employed (or an independent contractor) and***

- does not provide medical coverage to his or her employees
- provides employer-sponsored medical coverage to his or her employees

### SECTION II: SPOUSE/PARTNER EMPLOYER INFO

***I authorize Lehigh University to contact my spouse/partner'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. Should I experience a Qualifying Life Event and want to make a change to my benefit elections, I understand that I am responsible for notifying Human Resources within 30 days of the event's occurrence. If I do not notify Human Resources within 30 days of the qualifying event, I must wait for the next Open Enrollment period (or another qualifying life event) to make a change to my benefits. I further understand that falsifying information regarding my spouse/partner's medical coverage will result in, at a minimum, the request for waiver of the spouse/partner surcharge being denied.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_