![weis markets logo]

Spousal Verification Form

Instructions: You must complete this form if you are adding your spouse to your medical coverage. To upload the form online, follow the instructions at the bottom.

STEP 1: Complete Section 1 & 2 below	
Associate must complete STEP 1	**Section 1:** Check the **ONE** below that best describes your spouse's employment status and follow the associated status instructions listed below.
	My spouse's employment status is: * A ☐ Employed with NO employer-sponsored medical coverage available (including a MEC Plan) * B ☐ Employed and NOT enrolled in employer-sponsored medical coverage (including a MEC Plan) ** C ☐ Self-employed ** D ☐ Unemployed ** E ☐ Weis Markets Associate *** Instructions to complete status A–B:** Sign Section 2, have your spouse sign in STEP 2 and submit the form to your spouse's employer to complete STEP 3. Then submit the form to Weis Markets using the directions below. **** Instructions to complete status C-E:** Sign Section 2 and upload form to your Associate File in Workday.
	Section 2: Associate Signature *(This form will only be accepted if the ASSOCIATE'S signature is present below.)*
	I certify the information I have provided is true and that I am responsible for updating this information in the event it changes. I understand the information will be reviewed and a determination will be made regarding my spouse's eligibility for coverage. I acknowledge that falsifying this information or failing to update this information can lead to cancellation of my spouse's coverage and disciplinary action up to and including termination of employment. Submission of this form does not guarantee eligibility for benefits. X_____ _____ _____ Associate Signature (Required) Printed Associate Name (Required) Date

STEP 2: Spouse Signature
If spouse is employed, he/she should sign here and submit this form to his/her employer.

Spouse must complete STEP 2	I authorize and hereby give permission to my employer, if employed, to release the information requested in STEP 3. X_____ _____ _____ Spouse's Signature (Required) Printed Spouse Name (Required) Date

STEP 3: Spouse Employer Information / Verification

Employer of Spouse must complete STEP 3 All fields are required	Spouse Name:
	Employer Name:
	Employer Address:
	Employer Phone Number:
	Please select only **one**: ☐ Employee is currently a participant in our employer-sponsored medical plan. ☐ Employer-sponsored medical coverage has been offered but was waived by the employee. ☐ Employee will be eligible for our employer-sponsored medical benefits. Effective Date: ___ / ___ / _____ ☐ We do not offer employer-sponsored medical coverage to this employee. As a representative of my employer, I certify the information I have provided on this form is true. Print Employer's Representative Name & Title: _____ X_____ _____ Employer's Authorized Representative Signature: Date
Submission Instructions	Go into your Task Inbox, choose the Spousal Eligibility Verification Event, click on View if you would like to review your covered dependents listed in your medical plan (you will not be able to change anything this is view only option), click on Review and Sign, scroll down and then drop your Spousal Verification Form into the Attachments section. Please do not load unless Step 1 Associate, Step 2 Spouse and Step 3 Spouse Employer Information/Verification (where applicable) is completed.