

Affidavit of Spousal Eligibility for Health Care

I wish to update the status regarding my spouse's eligibility for health care benefits. By signing below, I certify that my spouse is no longer eligible for an employer's active or retiree health care coverage effective _____; and that all attached supporting documentation is accurate.

I understand that failure to properly disclose a spouse's eligibility for an employer sponsored medical plan or retiree plan through a former employer, will be considered a violation of the University of Dayton's Policy Prohibiting Illegal, Fraudulent, Dishonest and Unethical Conduct and may result in disciplinary action, up to and including termination of employment.

As a result of this update, the surcharge will be cancelled for the next possible pay period after this signed affidavit has been received by the Office of Human Resources, and will not be retroactively applied.

Employee Signature _____ Printed Name _____

Employee ID # _____ Date of Signature _____

Please return this Affidavit with Supporting Documentation to: Office of Human Resources
St. Mary's Hall Room 315
Campus Zip +1649