

2019 Spouse Disclaimer Form

Please check the statement that applies to your spouse and return it to the Conference Office:

_____ 1. My spouse is unemployed

_____ 2. My spouse is earning less than \$35,000 per year AND does not work more than 30 hours per week.

_____ 3. My spouse earns \$35,000 per year or more

_____ 4. My spouse earns less than \$35,000 per year but has healthcare offered through his/her employer.

- If you checked 1 or 2, your spouse is eligible for coverage under the Conference Healthcare Plan.
- If you checked 3 or 4, your spouse is not eligible for coverage under the Conference Healthcare Plan.

Failure to fill this out and return it to the Conference Office, may result in a lapse of coverage for currently covered spouses.

Signed

Date