

Spousal Affidavit – Must be completed by Spouse

As the legal spouse of a Pipe Fitters Local 211 Trust Fund participant, in order to be covered under the medical plan during plan year starting January 1, 2021, you must sign and return this Spousal Affidavit with your spouse annual demographics form.

Please check the appropriate box below and certify that I am:

- I am not employed or I am Retired with no ability to obtain insurance coverage
- I am Self-employed with no ability to obtain insurance benefits
- I am Employed but my employer does not offer group health plan coverage. You must provide proof from your employer.
- I am enrolled in group health plan coverage through my employer.
If you check this box, please provide the information requested below.

I also certify under penalty of perjury under the laws of the State of Texas that the foregoing is true and correct. I understand that providing false information or concealing important facts can be considered a violation of the law and punishable by a fine, imprisonment, or both and that I may be required to repay to the Plan any benefits improperly paid on my behalf.

Spouse Name (Please print): _____

Spouse Signature: _____ Date _____

Member Name (Please print): _____

Member Signature: _____ Date _____

If you have any questions about spousal eligibility status, contact Zenith American Solutions before signing this document. Please note:

- *The Plan reserves the right to request at any time documentation that substantiates the eligibility of an enrolled spouse.*
- *The Plan has the right to request reimbursement of any premiums and claims paid for ineligible spouses.*
- *Failure to complete this Spousal Affidavit fully and truthfully will make the spouse ineligible for Trust Fund health plan coverage during 2021*

Complete if You Have Health Plan Coverage through Your Employer

If you are enrolled in group health plan coverage through your employer, please provide the following information:

Employer Name: _____

Insurance Company: _____

Group Number and ID Number _____

Effective Date: _____