WORKING SPOUSE ATTESTATION

Required only when the spouse is employed or self-employed

If you are covering a spouse who is employed or self-employed, this attestation is required to complete spousal verification. Complete and sign **Section 1**. Your spouse signs **Section 2**. Your spouse's employer completes **Section 3**. If your spouse is self-employed, your spouse completes both Sections 2 and 3.

DEADLINE AND SUBMISSION

Submit the completed attestation by the deadline shown in the notice you received. If complete and acceptable verification is not received by that deadline, the $200 monthly spousal surcharge may apply in addition to the standard medical premium.

SECTION 1 | TO BE COMPLETED BY THE EMPLOYEE

EMPLOYEE NAME	SPOUSE NAME
EMPLOYEE PHONE	CASE REFERENCE (IF ASSIGNED)

I certify this information is true, correct, and current. I understand false, incomplete, or misleading information may result in the surcharge, corrected premiums or benefits, recovery of amounts owed, and other penalties. I authorize verification of these facts with appropriate organizations for that limited purpose.

EMPLOYEE SIGNATURE	DATE

SECTION 2 | TO BE COMPLETED BY THE SPOUSE

I authorize the use or disclosure of the information requested on this attestation to determine whether the spousal surcharge applies. This authorization is limited to the verification process and expires at the end of the applicable plan year.

SPOUSE SIGNATURE	DATE

SECTION 3 | TO BE COMPLETED BY THE EMPLOYER OR SELF-EMPLOYED SPOUSE

Is medical coverage available to the spouse named above through this business or organization?

☐ Yes ☐ No

COMPANY / BUSINESS NAME	
REPRESENTATIVE PRINTED NAME	REPRESENTATIVE TITLE
REPRESENTATIVE SIGNATURE	SIGNATURE DATE
CONTACT PHONE NUMBER	CONTACT EMAIL ADDRESS

HOW TO SUBMIT Upload the completed attestation securely at **https://mypclsbenefits.com/verify**
Only scanned original signatures or certified digital signatures will be accepted.
QUESTIONS LCSC Benefits Help Desk **(440) 644-3093**