



Spousal Affidavit

If you enroll your spouse in PL Marketing’s medical coverage and your spouse is eligible for medical coverage through his or her employer (and does not elect their employer’s coverage), you will be subject to a \$200 per month spousal surcharge.

Upon completion return form to: Lindsey Irwin
 P.L. Marketing 300 Dave Cowens Dr. 8th Floor Newport, KY 41071
 Fax: 866-562-0292; Email: lindsey.irwin@kroger.com

Employee Name:

Do you plan on covering your spouse on the Medical Plan? **Yes** **No**
(If yes, please complete section below) (If no, skip section below and sign)

1) Is your spouse employed? <i>(If yes, please continue below)</i> <i>(If no, skip to the bottom of page and sign)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) If your spouse is employed, is he/she eligible to participate in any medical coverage through his/her employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) If yes, has your spouse elected medical coverage through his/her employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered “Yes” to #2, and you plan on enrolling your spouse in PL Marketing’s medical coverage you may be subject to a \$200 per month spousal surcharge.	
Spouse’s Name:	
Spouse’s Daytime Phone Number:	
Spouse’s Employer: <i>(if applicable)</i>	
Spouse’s Employer Federal ID#:	
Spouse’s Employer’s Address & Phone # <i>(if applicable)</i>	

Affidavit

I certify that the above information is true. I understand that misrepresentation concerning any of the above data is a violation of Company Policy that may result in disciplinary action up to and including termination. I understand that I will need to immediately update the information on this form if the above circumstances change. I understand that if benefits are paid in error due to incorrect information or my failure to notify PL Marketing of changes, full recovery of paid claims may occur. I further understand PL Marketing or the insurance company reserves the right to audit and confirm information periodically as needed.

Employee Signature: _____ Date: _____