

# Archdiocese of St. Louis Health Insurance Plan Spousal Surcharge Exemption Form



A spousal surcharge of \$125 per month will be automatically deducted from your pay by your employer, if you cover your spouse in the Archdiocesan Health Insurance Plan. If you meet the eligibility (see Employee Attestation below) for an exemption from the \$125 monthly spousal surcharge, complete this Spousal Surcharge Exemption Form and return it to your benefits administrator, no later than 31 days from the date of health insurance eligibility. Your lack of response or incomplete information could impact your payroll deductions. A spousal surcharge is an extra charge to an employee for insuring a spouse who has coverage available through his/her own employer.

### Employee Information – Please Print

Employee Name: (Last, First, MI)    Last 4 Digits SSN#:

Employee Email Address:  Telephone #:

Parish/Agency/School Employer Name:

Employer Address:

Spouse Name: (Last, First, MI)

**Employee Attestation:** I am exempt from the spousal surcharge due to the following checked box (select one):

<input type="checkbox"/> My spouse is not employed.
<input type="checkbox"/> My spouse is self-employed, does not provide themselves employer-subsidized health insurance coverage, and is not eligible for employer-subsidized health insurance.
<input type="checkbox"/> My spouse is employed with an Archdiocese of St. Louis parish, agency, or school.
<input type="checkbox"/> My spouse is employed and is not eligible for his/her employer's health insurance coverage.
<input type="checkbox"/> My spouse is employed and my spouse's employer does not offer health insurance coverage.
<input type="checkbox"/> My spouse is employed and is eligible for his/her employer's health insurance coverage but the full premium cost is paid by the employee. There is NO employer contribution toward the cost of the health insurance.

### Employee Acknowledgement

My signature below indicates that the facts set forth on this form are true and complete to the best of my knowledge. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify my parish, agency, or school's benefits administrator within 31 days of such change. It is also my responsibility to ensure on a timely basis that my paycheck withholding correctly reflects my surcharge exemption. Any false statements written on this form, as it relates to my spousal health insurance information, shall be considered grounds for disciplinary action up to and including termination. I permit the Archdiocese to verify that my attestation is correct.    Select box to acknowledge you agree to the above paragraph.

Employee Signature:       Date:

Archdiocese Office of Human Resources  
20 Archbishop May Drive  
St. Louis, MO 63119  
FAX: 314.792.7548 or EMAIL: [benefits@archstl.org](mailto:benefits@archstl.org)

Contact Information for Questions:  
Archdiocese Office of Human Resources  
Phone: 314.792.7546  
Email: [benefits@archstl.org](mailto:benefits@archstl.org)  
Internet: [archstl.org/SpousalSurcharge](http://archstl.org/SpousalSurcharge)  
Or Your employer's Benefits  
Administrator