SPOUSAL HEALTH CARE COVERAGE AFFIDAVIT

2025 Resorts Casino Hotel Health Plan

Employee Name:_____ **Employee ID Number:**_____

Please print

Are you currently married?

- ☐ Yes
- ☐ No *(go to Step 2)*

Spouse Name: _____

Please print

Any employee's spouse who is offered medical coverage under:

a) any other employer-sponsored health plan that provides preventive care, along with major medical and prescription drug benefits, and where the other employer contributes at least 50% of the total premium for single coverage; or

b) a retiree health plan that provides preventive care, along with major medical and prescription drug benefits, and where your spouse's former employer contributes at least 50% of the total premium for single coverage.

is **NOT** eligible for coverage under the Plan.

1. Is your spouse currently employed?

- ☐ Not employed
- ☐ Employee or retiree **with** health insurance coverage (described in (a) or (b) above)
- ☐ Employee or retiree **without** health insurance coverage (described in (a) or (b) above) offered by his/her employer/former employer

2. I certify that the foregoing is true, correct and current. I understand as an employee that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment. I further acknowledge that it is my responsibility to notify the Resorts Benefits Office if, at any future date, the information provided above changes.

Employee Signature: _____ **Date:** _____

Resorts Casino Hotel reserves the right to request information to verify the stated criteria are met and can deny coverage under the medical plan.

TO BE COMPLETED BY HUMAN RESOURCES

HR Witness or Designee:_____ **Date:**_____