



Spousal Carve Out Affidavit

Employee Name

If your spouse is eligible for group health insurance through his or her employer, then he or she will not be eligible to obtain coverage under Core Pipe's group health plan. You must complete this form to indicate your spouse's eligibility for participation in Core Pipe's health plan.

Is your spouse employed? ☐ Yes ☐ No

Is your spouse eligible for coverage through his or her employer? ☐ Yes ☐ No

Is your spouse enrolled in a health plan through his or her employer? ☐ Yes ☐ No

Spouse Name

Spouse Date of Birth

Spouse SSN

Spouse Employer

Spouse Employer HR Contact Name

HR Phone Number

I certify that the information provided above is true and correct, and I am able to provide proof of spouse's employment and/or eligibility for employer health coverage, if requested.

Employee Signature

Date