

# Spousal Coverage Notice

This is a sample of the notice that you will be required to complete in Paycom following the enrollment of a spouse to the medical plan.

| FORM                    | WORKING SPOUSE AFFIDAVIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |  |                     |  |
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| <b>Spouse Coverage:</b> | <p>I am enrolling a spouse.<br/>I am not enrolling a spouse.</p> <p><b>Please note:</b> If your spouse works for ExamWorks, they may choose to elect their own coverage or be a dependent on your coverage – but they cannot be enrolled in both.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |  |                     |  |
| <b>Instructions:</b>    | <p><b>Who Must Complete This Form?</b><br/>All ExamWorks employees enrolling in the group medical insurance must complete this form, regardless of whether you are electing coverage for your spouse. If your spouse is not being enrolled in the ExamWorks medical plan, please check the box for “I am not enrolling a spouse”, then sign and submit. Please note that this form must be completed annually.</p> <p><b>Is My Spouse Eligible?</b><br/>Spouses are not eligible to enroll in the ExamWorks medical plan if they are:</p> <ul style="list-style-type: none"><li>• Employed and</li><li>• Their employer offers affordable healthcare coverage</li></ul> <p>Spouses are eligible to enroll in the ExamWorks medical plan if they are:</p> <ul style="list-style-type: none"><li>• Self-Employed</li><li>• Not offered or eligible for group medical coverage through their employer</li><li>• In a “coverage waiting period” with their employer (however, once the waiting period ends, they are no longer eligible)</li></ul> |                       |  |                     |  |
|                         | <table><tr><td><b>Employee Name:</b></td><td></td></tr><tr><td><b>Spouse Name:</b></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Employee Name:</b> |  | <b>Spouse Name:</b> |  |
| <b>Employee Name:</b>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |  |                     |  |
| <b>Spouse Name:</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |  |                     |  |
| <b>Affidavit:</b>       | <p>I hereby certify that as of the date noted below, the information provided above is correct. I understand that any misrepresentation in the information I have provided above will permit ExamWorks to terminate my spouse’s coverage retroactive to the date coverage began or the date my spouse became ineligible. I recognize that ExamWorks can seek any other legal remedies available including possible prosecution for insurance fraud. I accept that no premium payments I have made for my spouse’s coverage will be refunded. I acknowledge that I must report any changes in my spouse’s employment status to the Benefits Department, at <a href="mailto:benefits@examworks.com">benefits@examworks.com</a>, as soon as it occurs, but in no case more than 30 days from the status change date.</p>                                                                                                                                                                                                                          |                       |  |                     |  |
| <b>Print Name:</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |  |                     |  |
| <b>Sign Name:</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |  |                     |  |
| <b>Date:</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |  |                     |  |

# Working Spouse Rule FAQs

## 1. Are all spouses excluded from the ExamWorks Medical Plan?

No, only working spouses who have access to affordable group medical coverage through their employer are ineligible for coverage in the ExamWorks Medical Plan. In fact, many categories of spouses are not affected.

**Below is a list of situations where the Working Spouse Rule will not apply:**

- Spouses who are not employed outside of the home.
- Spouses who are not eligible for group medical coverage through their employer.
- Spouses who are in a coverage “waiting period” with their employer; once the waiting period ends the rule applies.
- Spouses who work for an employer who does not offer group medical coverage.
- Spouses who are on Medicare and do not have access to employer group medical coverage.
- Spouses who are retired and no longer have employer group medical coverage.
- Spouses who work for ExamWorks.

## 2. Is my spouse required to enroll other family members into his/her employer sponsored group medical coverage?

No. Dependent children are still eligible to enroll in the ExamWorks Medical Plan.

## 3. Who must complete the Spousal Coverage Notice?

ExamWorks employees who are covering their eligible spouses under the ExamWorks Medical Plan in 2025 must complete and sign the Working Spouse Affidavit during their enrollment. Failure to complete and sign the electronic affidavit means the spouse will not have coverage in the 2025 year plan.

## 4. Where can I find the Spousal Coverage Notice?

The Spousal Coverage Notice will automatically pop-up in your Paycom enrollment after you add your spouse to the medical plan.

## 5. What qualifies as a group medical plan offered by my spouse's employer?

Any Affordable Care Act (ACA) qualifying medical plan provided by your spouse's employer to its employees.

## 6. If my spouse is ineligible for the ExamWorks Medical Plan, can he/she still enroll in the dental, vision, Cigna and supplemental life insurance plans?

Yes, you may still enroll him/her in the dental, vision, Cigna, and/or supplemental life insurance plans.

## 7. Whose medical plan will cover our children; the ExamWorks Medical Plan or my spouse's employer's plan?

If your spouse's employer provides coverage for children and your children meet the eligibility requirements for both plans, you and your spouse will need to decide which employer's plan to enroll your children in. We recommend comparing the key features of both plans, including the premium you pay each pay period.

## 8. What happens if my working spouse's group medical coverage is terminated because he/she loses their job? Does my spouse have to elect and exhaust COBRA coverage before being eligible for enrollment in the ExamWorks Medical Plan?

No. A spouse is not required to elect COBRA. If a spouse loses coverage the event qualifies as a “life event” and the spouse can be enrolled in the ExamWorks Medical Plan. The employee must submit the qualifying event in Paycom and add the spouse to the benefit plans within 60 days of the date their spouse loses coverage.

# Working Spouse Rule FAQs

**9. My spouse is currently between jobs. Can I enroll my spouse while they are job searching?**

Yes, as long as your spouse is ineligible for coverage from an employer, they can be enrolled in the ExamWorks Medical Plan. However, if at any time your spouse becomes eligible for coverage through a new employer, he/she is no longer eligible for coverage under the ExamWorks Medical Plan. The employee must submit the qualifying event in Paycom and remove the spouse from the benefit plan(s) within 30 days of the spouse's effective date of new coverage.

**10. What if my spouse is retired? The ExamWorks Medical Plan provides better coverage for our needs than my spouse's retiree plan offers. Can I enroll my spouse in the ExamWorks Medical Plan?**

Yes. Your spouse's eligibility or enrollment in any retiree medical plan (including Medicare) does not affect their eligibility for the ExamWorks Medical Plan.

**11. What if my spouse is going to school part-time and is eligible for a student health plan from the school?**

The Working Spouse Rule only applies to spouses who are actively employed and eligible for group medical coverage with their employer. If your spouse is eligible for coverage as a student, they would still be eligible for the ExamWorks Medical Plan.

**12. What happens if I enroll my spouse in the ExamWorks Medical Plan even though my spouse is eligible for coverage with their employer?**

The Spousal Coverage Notice requires employees seeking coverage for their spouse on the ExamWorks Medical Plan to attest to whether their spouse is employed, as well as whether they have group medical coverage through their employer. Plan participants completing this form are required to complete it accurately and truthfully. In the event an employee does not complete the affidavit accurately and truthfully, their coverage under the plan will be terminated and the employee will be required to repay all claims paid by the ExamWorks Medical Plan on behalf of the spouse. In addition, falsification of the affidavit will be treated similarly to any other act of dishonesty at ExamWorks and thus would subject an employee to discipline, up to and including termination of employment.

**13. What happens if my spouse becomes eligible for coverage on their employer's group medical plan but fails to enroll in that plan?**

Once a working spouse becomes eligible for coverage under a plan sponsored by their employer, their eligibility to participate in the ExamWorks Medical Plan ends, and future claims directed to the ExamWorks Medical Plan will be denied. Therefore, it is important for working spouses, who are eligible for coverage under their employer's plan, enroll in that plan. The employee must submit the qualifying event in Paycom and remove the spouse from the benefit plan(s) within 30 days of the spouse's effective date of new coverage. This will ensure the working spouse's claims are processed correctly and do not later need to be reprocessed and denied, in which case your spouse would be required to pay the claims. In addition, the ExamWorks employee's monthly premium can be reduced immediately to avoid paying for spousal coverage they do not have.

**14. What if my spouse's employer asks for proof that he/she is no longer eligible for the ExamWorks Medical Plan?**

You may request a letter from the ExamWorks Benefits Department at [benefits@examworks.com](mailto:benefits@examworks.com), indicating that your spouse has lost eligibility for coverage under the ExamWorks Medical Plan. Your spouse should provide their employer with a copy of this notice as soon as it is received, and request to enroll in their employer plan.