

# Delta Dental

## ELECTION OF SPOUSE/DOMESTIC PARTNER OPT-OUT UNDER THE DELTA DENTAL EMPLOYEE HEALTH AND WELFARE BENEFITS PLAN

In order to be eligible for the Spouse Opt-Out benefit, I must (check each box):

- ☒ Enroll in the Spouse Opt-Out benefit option in Path.
- ☒ Provide documentary proof of other coverage for my spouse/domestic partner (who is not receiving coverage under the Plan) who has other coverage with an effective date in 2021.
- ☒ Certify that the spouse/domestic partner relationship meets the requirements of eligibility under the Plan even though he or she has not enrolled. For Acceptable Proof of Eligibility click here: [Acceptable Proof for Adding a Dependent](#). This proof is only required when adding a new spouse or domestic partner.)
- ☒ Upload completed Election of Spouse/Domestic Partner Opt-Out Form into Path

I understand that by electing the spouse/domestic partner opt-out under the Plan, the employer or its affiliated participating employer will pay me \$50 per pay period up to \$1,200 per year in additional compensation, less applicable tax withholding, over this year's 24 pay periods, for the period in which I would be eligible for the Plan. I further understand that this election does not carry over from year to year and a new election is required prior to the beginning of each calendar year.

I declare under penalty of perjury:

1. I am legally married or in an eligible domestic partnership under the Employee Health and Welfare Benefits Plan (the "Plan").
2. My non-employee spouse/domestic partner will have medical benefit coverage for the 2021 plan year (or the portion of the plan year that I am eligible for the Plan, as applicable) other than that available under the Plan, Medicare or TRICARE.
3. In addition, I, my non-employee spouse/domestic partner and all of my other tax dependents will have minimum essential coverage for the plan year (or the portion of the plan year that I am eligible for the Plan, as applicable) through a source other than the individual marketplace. For the purposes of this attestation, minimum essential coverage is coverage that meets the requirements of Section 5000A(f) of the Internal Revenue Code (such as an employer-sponsored health plan) and is not coverage provided under the individual market (including the federal and state exchanges). Coverage under the Plan is considered minimum essential coverage.

Date 12 / 4 / 2020

Employee Number CA34081

Employee Print Name Mark Atkinson

Employee Signature 

It is the employee's responsibility to notify the Plan of the dissolution of marriage/domestic partnership, or your, the spouse's/domestic partner's or other dependents' loss of other medical coverage, within 31 days, by submitting proof of dissolution or loss of other medical plan coverage. It is a violation of the employer's policy to enroll people who are not eligible dependents and/or fail to remove dependents who are no longer eligible. Failure to provide notification is subject to discipline for fraud up to and including termination of employment, and the employee may be required to return the excess benefit amounts. The employer maintains its right to audit dependent information at any time.

Updated 10/2020