Spousal Surcharge/Verification of Employer Coverage Form

Tyson Team Member Name:	Personnel Number:
Location:	Effective Date:
Spouse's Name:	Spouse's Date of Birth:

Section 1: To Waive the Spousal Surcharge – TO BE COMPLETED BY THE TYSON TEAM MEMBER

If your spouse is eligible for medical coverage through his/her employer, and you choose to enroll him/her in the Tyson Foods, Inc. Group Health Plan (the "Plan") as an eligible dependent, a spousal surcharge will be part of your cost of medical coverage and included as part of your payroll deductions. The spousal surcharge can be waived if you qualify under one or more of the following special circumstances: (Check the appropriate box)

- ☐ **Spouse is also employed by Tyson Foods**. Spouse's Personnel Number: _____.
  Sign and date Section 1 & return form.
- ☐ **Spouse is not employed**. Sign and date Section 1 & return form with supporting documentation (e.g. most recent tax return, Soc. Sec. Earnings Statement, etc.)
- ☐ **Spouse is self-employed**. Sign and date Section 1 & return form with supporting documentation (e.g. most recent tax return, self-employment documentation, etc.)
- ☐ **Spouse is employed**, but his/her employer does not offer group health coverage or the spouse is not currently eligible for group health plan coverage through his/her employer. Sign and date Section 1 & spouse's employer must complete Section 2.

If the supporting documentation is not submitted to Tyson Foods Inc. prior to the applicable deadline, the surcharge WILL be payroll deducted. Once effective, the surcharge cannot be waived until the next Open Enrollment period or applicable Change in Status event.

I understand providing a fraudulent or intentionally misleading representation could result in a rescission of coverage, as described in the Group Health Plan Summary Plan Description.

Team Member Signature: _____ Date: _____

Section 2: To Verify Employer Coverage/Availability of Coverage – TO BE COMPLETED BY SPOUSE'S EMPLOYER

Company Name:	HR Contact Name:	Phone Number:

☐ Your employee (Spouse named above) is eligible for employer-sponsored group medical coverage.

Effective Date of Participation:	Effective Through Date:
Who is covered? ☐ Employee ☐ Spouse (Tyson Team Member named above) ☐ No one, employee elected to waive coverage	

☐ This employee is currently not eligible for employer-sponsored group medical coverage.
Date eligible to enroll: _____

☐ Employer does not offer group medical coverage.

HR Contact Signature: _____ Date: _____

Section 3: Revocation of Spousal Surcharge Waiver - TO BE COMPLETED BY TYSON TEAM MEMBER

☐ Spouse's group health plan coverage status has changed as of the effective date above. Spouse no longer qualifies for a special circumstance above, and the Spousal Surcharge will be payroll deducted.

Team Member Signature: _____ Date: _____