

**Affidavit of Medical Coverage for Spouse**

Name of JBS/Pilgrim's Employee: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

**Important: please ensure this form is FULLY COMPLETED.****Your response, or lack of response, will impact your spouse's medical coverage.****Failure to provide a completed form will result in a surcharge for your spouse's coverage.****SECTION I: Spouse Employment Information**

1. Is your spouse currently employed? ☐ Yes (sign below, continue to Section II)  
☐ Self-employed (sign below, continue to Section II)  
☐ Not employed / Retired (sign below, skip Section II)

2. Is your spouse also an employee of JBS or Pilgrim's? ☐ Yes ☐ No

If yes, please provide spouse's employee ID: \_\_\_\_\_

If your spouse is eligible for medical benefits from his/her own employer and your spouse is enrolled in your coverage through JBS USA Food Company/Pilgrim's Pride, a **surcharge of \$25 per pay period will apply.**

I certify and warrant to JBS USA Food Company/Pilgrim's Pride that all information on this form is true, correct and current. I understand as an employee that falsification of information on this Affidavit may lead to termination of coverage and disciplinary action, up to and including termination of employment.

\_\_\_\_\_  
Employee Signature (*required*)\_\_\_\_\_  
Date**SECTION II: Employer Certification of Spouse Health Benefit Coverage**

*NOTE: this section must be completed in full by **your spouse's employer***

Name of Spouse: \_\_\_\_\_

1. Is the spouse above an employee of your company? ☐ Yes ☐ No
2. Is the spouse named above eligible for medical benefits through your company? ☐ Yes ☐ No
3. If so, is the spouse enrolled in medical coverage? ☐ Yes ☐ No
4. If not enrolled but eligible for medical coverage, when can the spouse enroll in the plan? \_\_\_\_\_

Additional information/comments regarding the above: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Name of Representative (Printed): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_