

Important Notice Regarding Your Medical Insurance

Name _____ (please print)

In order to determine whether or not your spouse can be covered as your dependent under the Minuteman medical plan, please provide answers to the following questions.

1. If you are married, is your spouse employed full-time? _____
2. If yes, does your spouse's employer offer medical benefits to their employees? _____
3. If yes, does your spouse currently participate in her/his employer's medical plan? _____
4. If yes, what is the effective date of coverage for your spouse? _____
5. What is the name of your spouse's employer's medical plan? _____
6. Are you eligible for coverage under the medical plan of your spouse's employer in addition to your own medical plan at Minuteman? _____

If you indicated that your spouse either has coverage under their employer or has the opportunity to enroll in his/her employer's plan, your spouse will not be eligible to enroll on the Minuteman plan as a dependent beginning June 1, 2006.

If your spouse is not currently on their employer's plan, they should notify their Human Resources department to inform them that they will be losing their coverage under the Minuteman plan. This qualifies as a "Life Event" and gives them the opportunity to enroll in their employer's plan regardless of the open enrollment period.

I certify that the answers provided on this form are true and correct.

Employee's Signature

Date Signed