



### Spousal Coverage Affidavit

Currently your dependent spouse is showing enrolled on the 2025 Chalk medical benefits plan. If you plan on continuing coverage for your spouse in 2026, we need to confirm if they have access to coverage through their own employer (if applicable).

For 2026, Chalk's health plan allows enrollment of a spouse **only if the spouse does not have access to other employer-sponsored medical coverage** through their own employer. This affidavit must be completed to confirm your spouse's eligibility for coverage under the company health plan.

Employee Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_

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#### Section 1: Spouse Employment Status

- ☐ My spouse is **not employed**.
- ☐ My spouse is self-employed or **employed** but **does not have access** to medical coverage through their employer.
- ☐ My spouse is **employed and is eligible for** medical coverage through their employer. *(Note: If this box is checked, your spouse is **not eligible** to enroll under this plan and will no longer be covered as of 01/01/2026.)*
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#### Section 2: Certification

By signing below, I certify that the information provided above is true and accurate. I understand that:

- This affidavit will be used to determine my spouse's eligibility for coverage under the company health plan.
  - If it is later determined that my spouse had access to other employer-sponsored medical coverage and enrolled under the company plan contrary to this policy, coverage may be terminated retroactively, and I may be responsible for repayment of claims and/or premiums.
  - I agree to notify Human Resources within 30 days if my spouse's employment status or access to other coverage changes.
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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this form by 12/12/2025 in order to maintain coverage for 2026 for your spouse, or they will be removed 01/01/2026. Please note, this form does not enroll your spouse on coverage if they are not currently covered. You must enroll them during open enrollment or when you have a qualifying event.

Please email completed form to [HR@cmstx.com](mailto:HR@cmstx.com) or by mailing to 1701 River Run, Ste 200, Fort Worth, TX 76107. You may also provide a copy of the form to your Operations team or Supervisor.