



Important Notice Regarding Spousal Eligibility for Medical Insurance

EMPLOYEE NAME (Please Print): _____

You have requested medical insurance for your spouse. If your spouse is eligible for health insurance through their employer, and their employer contributes at least 50% of the cost of this coverage, they are not eligible for the Hummer Consolidated Holdings, Inc. health insurance plan. Please complete this form and return it to Don Hummer Trucking. Failure to return this form can result in your spouse being terminated from health coverage.

Deadline for return is the day your benefit enrollment is due. The form can be returned using one of the following four methods:

- Email bidic@donhummertrucking.com
- Fax 319-828-2105
- Scan via TransFlow
- Mail 505 33rd Avenue SW, Cedar Rapids, IA 52404

Please complete the following information regarding your spouse's eligibility for health insurance through their own employer:

- Is your spouse employed? ☐ Yes ☐ No
- Is your spouse offered coverage through his/her employer? ☐ Yes ☐ No
- Is your spouse enrolled or enrolling on his/her employer's medical plan? ☐ Yes ☐ No
- Who is covered under plan: ☐ Spouse Only ☐ Employee/Spouse ☐ Spouse/Child(ren) ☐ Family
- My Spouse has not enrolled on his/her employer's medical plan because:
 - ☐ My spouse is self employed (1040 Tax Return, K-1, Schedule C)
 - ☐ My spouse is Retired
 - ☐ My spouse works part-time
 - ☐ Other _____

PLEASE READ THE FOLLOWING BEFORE YOU SIGN

I certify that the answers provided on this form are true and correct. A person may be committing insurance fraud if he or she submits a form containing a false or deceptive statement with the intent to defraud (or knowing that he or she is helping to defraud). Falsification of this document may result in discipline up to and including termination of employment.

Employee Signature

Date Signed