

Spousal Waiver Affidavit

Name of CTI Employee:	Name of Spouse:	
Important: please ensure this form is <u>fully completed</u> . Your response, or lack of response, will impact your spouse's health care coverage.		
Section 1: Spouse Employment Inform	ation	
Is your spouse currently employed?	□ Employed outside of CTI (continue to Section 2)	
	□ Self-employed (continue to Section 3)	
	□ Not employed / Retired (continue to Section 3)	
• •	as group-sponsored plan benefits made available to him/her, he/she must take an. This rule applies independent of cost of coverage or type of plan available to	I
Section 2: Spouse's Health Benefit Co	verage	
Please complete the following: Name of employer:	oup-sponsored medical benefits through your company? □ Yes □	No
Name of Representative (Printed):		
Signature of Representative:		
Title:	Date:	_
Section 3: Acknowledgement – must k	e signed by above-named Employee	
	egoing is true, correct and current. I understand as an employee that willful falsification plinary action, up to and including discharge from employment.	n of
CTI Employee Signature (required)	Date	