



## 2025 SPOUSAL COVERAGE AFFIDAVIT

Per Coastal Pet Products, Inc. (Coastal Pet) policy, any spouse who is offered coverage for medical benefits under any other employer-sponsored health plan is NOT eligible to be covered under the medical plans offered by Coastal Pet.

**Instructions:** If you are covering a spouse on a medical plan offered by Coastal Pet, you must complete this affidavit by providing the appropriate answers below. Return this form to Human Resources BEFORE the medical plan goes into effect.

### **Spouse covered on Coastal Pet medical insurance**

I will be covering my spouse as a dependent under my Coastal Pet medical plan for the following reason(s):

- My spouse is self-employed
- My spouse is employed part-time
- My spouse is not employed
- My spouse does not have access to medical coverage through their employer

### **By signing below, I attest that:**

- The above information is accurate to the best of my knowledge as of the date that I sign and submit this affidavit,
- I understand it is my responsibility to contact Coastal Pet's Human Resources Department within 60 days should my spouse's circumstances change in relation to medical coverage or employment,
- I understand that on the 1<sup>st</sup> day of the month following the date my spouse becomes eligible for health care, I will no longer be allowed to cover my spouse under the Coastal Pet medical plan unless a mid-year qualifying event changes the ineligibility of my spouse,
- I understand that if this information is later found not to be accurate it could be considered information falsification and I may be subject to any consequence set forth in accordance with Coastal Pet's Medical plan guidelines and corrective action policy, up to and including termination.

**Associate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Associate Name:** \_\_\_\_\_ **Last four SSN:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**This form must be turned in to Human Resources prior to the plan going into effect.**