



2026 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 1st 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.