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# Atlantic Medical Plan

## **SPOUSE ELIGIBILITY REQUIREMENTS**

Dependent spouses whose employer offers health insurance coverage are no longer eligible for coverage under Atlantic Corporation's medical plan.

You are receiving this notice because you elected to cover your spouse on Atlantic Corporation's medical plan. Please complete this form and return to Eryn Johnson in Wilmington office.

**Is your spouse employed? Yes ___ No ____**

**If spouse is employed, does spouse's employer offer medical insurance? Yes ___ No ____**

If you answered No to either question above, you may continue to cover your spouse under Atlantic Corporation's medical plan.

If you answered Yes to both questions, then your spouse will be removed from coverage effective 10/1/2026 and your election tier will be adjusted accordingly. This change should constitute a loss of coverage under HIPAA special enrollment rules whereby affected spouses should be able to enroll in coverage under their employer's plan immediately.

If your spouse's coverage situation changes during the year, it is your responsibility to notify Human Resources within 30 days of the event. Your signature below is an acknowledgment that you have accurately described your spouse's current situation with regard to other health plan coverage.

The information I have provided on this form is true and correct, and I understand that any false information or omission of information shall be sufficient reason (when it becomes known) for future medical benefits to be canceled for the remainder of the plan year.

_____ _____
Employee Signature Date

_____
Print Name