



EMPLOYEE BENEFITS DEPARTMENT
 Human Capital Management
 Office of Management and Enterprise Services
 2401 N. Lincoln Blvd., Oklahoma City, OK 73105
 405-522-5528 or 800-219-8115

EXCLUSION FOR SPOUSE COVERAGE

OAC 260:50-3-17

An employee may elect to cover all eligible dependent children and elect not to cover his/her spouse for health and/or dental and/or vision options.

This election shall be made at any one of these dates:

1. At the time the employee becomes enrolled in the plan,
2. At the time of enrollment during option period, or
3. When a qualifying event occurs. The employee who elects to cover all eligible dependent children and not the spouse will not have the opportunity to enroll his/her spouse until either the next enrollment period or a qualifying event occurs.

The employee whose name appears below elects to exclude the spouse from the following options:

Check the appropriate box:		
<input type="checkbox"/> Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

AGENCY NAME: _____ AGCY #/LOC: _____

Employee's Name: _____ SSN _____
(Please Print)

Employee's Signature: _____ Date _____

Spouse's Name: _____ SSN _____
(Please Print)

Spouse's Date of Birth: _____

Spouse's Signature: _____ Date _____

This form must be submitted as an attachment to the appropriate enrollment or change form.