



2401 N. Lincoln Blvd., Oklahoma City, OK 73105 – Phone: 405-522-5528 or 800-219-8115

OAC 260:50-3-17

An employee may elect to cover all eligible dependent children and elect to not cover their spouse for health, dental 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.
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 their 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:**

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

**Agency name** \_\_\_\_\_ **AGCY #/LOC** \_\_\_\_\_

**Employee name** \_\_\_\_\_ **SSN** \_\_\_\_\_  
(Print)

**Employee signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse name** \_\_\_\_\_ **SSN** \_\_\_\_\_  
(Print)

**Spouse birthdate** \_\_\_\_\_

**Spouse signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This form must be submitted as an attachment to the appropriate Option Period Enrollment Form or Change Request Form.**