Spousal Employment Questionnaire

Per the Vertiv working spouse rule: “If your spouse has access to an affordable medical plan at their employer, he/she must elect it: if the employee enrolls the spouse in Vertiv’s plan, the spouse is flagged as secondary coverage only.”

Employee Name:

Employee Address:

Spouse Name:

1. Is your spouse currently employed?	Please check one: YES ____ NO____ If NO, please return this form and a copy of your 2018 Federal Income Tax Return (See example attached)
2. If YES, please select and initial one of the choices below: _____ (Initial) *My spouse is self-employed (I have attached a copy our 2017 Federal Income Tax Return.)* _____ (Initial) *My spouse does not have health coverage available through his/her employer **OR** I am unsure of the availability of health coverage through my spouse’s employer. I have provided his/her employer’s contact information to the right.* _____ (Initial) *My spouse has health coverage available through his/her employer. I acknowledge that his/her Vertiv health coverage will be secondary to her employer’s plan.*	**NOTES**: **EMPLOYER INFORMATION:** Employer’s Name: _____ Address: _____ _____ Employer’s HR Contact Name: _____ HR Contact’s Phone Number: _____ HR Contact’s Email Address: _____

CERTIFICATION: The statements below must be signed by the employee and his/her spouse and returned to The Center for Benefits Management.

My signature below indicates the facts set forth on this form are true and complete to the best of my knowledge. I understand that if I have knowingly provided false and/or misleading information Vertiv may take appropriate disciplinary action, up to and including termination.

Employee’s Signature:	**Date:**

My signature below indicates the facts set forth on this form are true and complete to the best of my knowledge. I understand that if I have knowingly provided false and/or misleading information Vertiv may take appropriate disciplinary action, up to and including termination of my spouse. I give approval for my employer to be contacted to confirm the accuracy of the above information.

Spouse’s Signature:	**Date:**