

Spousal Credit Form

Employee Name _____	Employee No. _____
Spouse Name _____	Spouse SSN _____
Does your spouse work for WMATA? ___ Yes ___ No	
If yes provide EN _____	

The 2012 collective bargaining agreement permits employees to receive a credit of up to \$1,200 if their spouse opts out of the Transit Employees' Health & Welfare Plan's health insurance program. It can only be used as a credit against medical and dental benefit expenses incurred as a Participant in the Plan. You must elect the spousal credit option each year.

Up to \$100 per month will be applied to reduce the cost of your medical and dental insurance. It cannot be applied to reduce the cost of any supplemental life insurance you may have elected or of any other voluntary benefit.

I understand that my spouse must have alternative non-METRO medical insurance. I (the spouse) certify that I have medical coverage through:

Name of Insurance Company: _____

Policy Number and/or Group Number: _____

Telephone Number of Insurance Company: _____

Spouse Signature _____ Date: _____

Spouse Printed Name: _____

Employee Signature: _____ Date: _____

Employee's SSN: _____ Employee's Telephone Number: _____

Effective From _____ **To** _____