

Spousal Credit Form

Employee Name _____	Employee # _____
Spouse Name _____	Spouse SSN _____
Group/Policy # _____	
Telephone # of Insurance Company _____	

Does your spouse work for WMATA? ___ Yes ___ No

If yes, please provide their Employee # _____

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.

For a family that consists of the employee, spouse, and one or more children, the spousal credit would not eliminate the contribution for family coverage.

I understand that my spouse does not have METRO medical insurance.

****Please note, this election and waiver will not be valid until the Health & Welfare office has confirmed your employer plan non-METRO insurance coverage.***

Participant's Signature: _____

Date: _____

Participant's Telephone Number: _____

Effective From _____ To _____

Witness, H&W Staff: _____

Date: _____