



TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN

2701 Whitney Place #100

Forestville, Maryland 20747

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SPOUSAL CREDIT FORM

Employee's Name: _____ Employee #: _____

Spouse's Name: _____ Spouse's SSN #: ____ - ____ - ____

Is your spouse a WMATA employee? ☐ Yes ☐ No

If yes, please provide their employee #: _____

Insurance Company: _____

Group/Policy #: _____

Insurance Company Phone Number: ____ - ____ - ____

Under the 2012 collective bargaining agreement, employees are eligible to receive a spousal credit of up to \$1,200 if their spouse waives coverage under the Transit Employees' Health & Welfare Plan. This credit may only be applied toward the employee's medical and dental benefit expenses as a Participant in the Plan. You must elect the spousal credit option each year.

A maximum of \$100 per month will be applied to reduce the cost of your medical and dental insurance. This credit cannot be used to offset the cost of any supplemental life insurance or other voluntary benefits you may have elected.

For families consisting of the employee, spouse, and one or more children, the spousal credit will not fully offset the required contribution for family coverage.

By submitting this form, I acknowledge that my spouse is not covered by METRO medical insurance.

Please note: This election and waiver will not be effective until the Health & Welfare Office has verified your spouse's non-METRO insurance coverage through their employer-sponsored plan.

Participant's Signature: _____ Date: ____/____/____

Telephone Number: ____ - ____ - ____

Staff Initials: _____ Effective Dates: ____/____/____ to ____/____/____