



An employee may elect to cover all eligible dependent children and elect not to cover their spouse for health, dental and/or vision options.

The employee may elect to exclude their spouse at one of these times:

- When the employee enrolls in the plan or makes changes during the annual Option Period.
- When a qualifying event occurs. If the employee elects to cover all eligible dependent children and not the spouse, they cannot enroll their spouse until the next annual Option Period or a qualifying event occurs.

EMPLOYEE INFORMATION

Employer name

Employee name		SSN or member ID
Spouse name	Date of birth	SSN

COVERAGE EXCLUSION ELECTION (Check all that apply.)

Health Dental Vision

SIGNATURES

Employee signature

Date

Spouse signature

Date

NOTE: This form does not provide exclusion for dependent life coverage.

Do not submit this form to EGID. Completion of this form is required by state statute, and a copy should be retained by the employer for auditing purposes.