4720 LaGuardia Drive
St. Louis, MO 63134
(314) 426-4040 phone
(314) 427-5490 fax

Forklifts of St. Louis, Inc.

SPOUSAL CARVE-OUT COVERAGE LIMITATION

The Forklifts of St. Louis, Inc. Health Plan contains a Spousal Coverage Provision. The provision requires a working spouse with other coverage available through their employer to take that coverage, if eligible. If an employee's spouse is eligible for group health coverage through their own employer, that spouse is **not eligible for coverage** under this Plan. Employees must notify the Forklift HR if their spouse becomes eligible for other group health coverage. Failure to do so may result in retroactive termination of coverage and/or recoupment of claims paid in error.

Complete SECTION I and SECTION II. Complete SECTION III, if applicable.

SECTION I (To be completed by the Employee)

Employee's Name: _____

Employee's Social Security Number: _____

SECTION II (To be completed by each Spouse; check one box only)

Spouse's Name:_____

Spouse's Social Security Number: _____

- ○ I certify that I am not employed at this time.
- ○ I am currently employed and SECTION III is completed below.
- ○ I am declining coverage in the Health Plan. I understand I will be subject to late enrollment provisions of the Plan if I request coverage at a later date.

Signed:_____ **Date:**_____

SECTION III (To be completed by Spouse's Employer, if applicable)

Name of Company:_ _____

- ○ Is eligible for the Company sponsored medical plan;
- ○ Is eligible for the Company sponsored dental plan;
- ○ Is covered under the Company sponsored medical plan and was effective ____/____/____;
- ○ Is covered under the Company sponsored dental plan and was effective ____/____/____;
- ○ Is not eligible to participate in the Company sponsored medical/dental plan;
  Reason: _____
- ○ No health coverage is offered by the Employer.
- ○ No dental coverage is offered by the Employer.

Signed:_____ **Date:**_____

Title: _____ **Phone:** _____

Please forward to:
Forklifts of St. Louis, Inc.
4720 LaGuardia Drive
St. Louis, MO 63134
Email:
manderson@flstl.com

No claims will be paid on the spouse until this form is returned.