MEBA Medical & Benefits Plan 1007 Eastern Avenue Baltimore, MD 21202-4345
410-547-9111 * 800-811-MEBA (6322) * 410-547-6665 (Fax) * www.mebaplans.org

SPOUSAL WAIVER FORM

USE THIS FORM TO WAIVE MEDICAL COVERAGE FOR YOUR DEPENDENT SPOUSE
PLEASE REFER TO PLAN LANGUAGE ON THE REVERSE SIDE OF THIS FORM

Employee Name	Last Name First Name Initial	
Social Security Number		
Home Telephone Number	(Area Code:)	
Cellular Phone Number	(Area Code:)	
Marital Status (Check One)	○ Single ○ Married ○ Widowed ○ Divorced ○ Legally Separated	
Marital Status Date		
Permanent Address (Home of Record):	Number & Street	
	City, State, Zip	
Mailing Address (if different than Permanent Address above):	Number & Street	
	City, State, Zip	

Signature of Employee		Date	

I, the eligible dependent spouse, elect to waive my medical coverage under the MEBA Medical and Benefits Plan ("Plan") in accordance with Article I, Section 3 (e) of the plan regulations (which can be found on the reverse side of this form).

Signature of Eligible Dependent Spouse		Date	

FORM IS NOT VALID IF NOT SIGNED AND DATED BY BOTH THE EMPLOYEE *AND* ELIGIBLE DEPENDENT SPOUSE.
TO BE COMPLETED BY A NOTARY -

STATE OF

COUNTY OF

On the ____ day of _____, 20___, before me personally came _____ to me known to be the individual described in and who executed the foregoing document, and he or she acknowledged to me that he or she executed the same.

_____
NOTARY PUBLIC OF COMMISSION EXPIRES

MEBA MEDICAL AND BENEFITS PLAN

ARTICLE 1

ELIGIBILITY

Effective March 1, 2012, Article I, Section 3 was amended by adding a new subsection (e) to the end thereof as follows:

(e) Notwithstanding anything herein to the contrary, upon submission of a voluntary application and election, an eligible Dependent Spouse may be permitted to withdraw from further coverage under the Plan provided the following conditions are met:

1) The Dependent Spouse executes before a Notary or Plan employee a written application and election to withdraw from coverage under the Plan;

2) Once an application and election to withdraw from coverage is received by the Plan, the application and election to withdraw can only be revoked in writing before a Notary or Plan employee;

3) The Dependent Spouse's future coverage under the Plan will be effective on the first day of the month following the Plan's receipt of a written revocation of the application and election to withdraw from coverage;

4)) The Dependent Spouse's application and election to withdraw from coverage under the Plan must acknowledge that the withdrawal is entirely voluntary and, further, acknowledges his or her understanding and acceptance of all of the conditions applicable to this subsection.