# AFFIDAVIT OF MARRIAGE
# - SPOUSAL COVERAGE -

Colby's benefit plans have limited enrollment periods to add spouses and/or children to coverage—normally thirty days from the date of eligibility. Everyone is subject to the eligibility provisions of the College's insured Plans and these provisions must be satisfied to participate in the Plan.

Colby's policy provides coverage to legally married spouses and their legal dependents. The Internal Revenue Code allows employers to provide employees with certain benefits, such as health and tuition benefits on a tax-free basis. Employees can select tuition and health insurance, including medical, dental, and vision for their spouse and for their dependents on a tax-free basis if the dependents are "tax-qualified dependents." Life insurance is available for spouses and dependents as well however, these benefits are not tax-free.

Payroll Deduction Process

If you elect insurance for your spouse, the premium rate will be deducted from your earnings.

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I, _____, the employee, certify that the following person is my spouse and, in accordance with the following criteria, is eligible for benefits coverage under the College's benefit programs:

| _____ | _____ /_____ /_____ | _____-_____-_____ |
|---|---|---|
| Print Name of Spouse | Date of Birth | Social Security Number |

In order for the above named person to qualify as your spouse, you must meet the following criteria:

☐ We are legally married and I have attached a marriage certificate.

If my marriage is terminated by divorce, I agree to notify Colby within 30 days of the divorce and shall provide Human Resources with a copy of the divorce decree.

I certify, under penalty of perjury, that the forgoing is true and correct. I, the undersigned employee of Colby College, understand that falsification of information contained in this Affidavit may lead to disciplinary action, including without limitation immediate termination of employment, and may subject myself to charges of tax fraud or civil action to recover any losses, including without limitation reasonable attorney's fees.

| _____ | _____ |
|---|---|
| Employee Signature | Date |

Colby

# AFFIDAVIT OF DEPENDENT
# - CHILD COVERAGE -

Effective January 1, 2011, you may elect to cover a dependent child until their 26th birthday on the Colby College benefit plans including, medical, dental, vision, and life insurance. In addition, you may still elect to cover a dependent over age 26 who is incapable of supporting themselves because they are mentally or physically incapacitated, provided the disability was in existence prior to the dependent child turning age 19.

The "dependent" eligibility criteria does not alter any other rights and obligations under the Health Plans such as (i) the College's rights to receive proof of mental or physical incapacity and (ii) your obligation to notify the College if a child ceases to qualify as a dependent under the medical, dental, vision, and life plans.

Payroll Deduction Process
If you elect insurance for your child(ren), the premium rate will be deducted from your earnings.

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I, _____, the employee, certify that the following children are my "tax-qualified dependents" based on the Internal Revenue Code and are eligible for benefits coverage under the College's benefit programs:

| Last Name | First Name | M.I. | S.S. Number | D.O.B. |
|---|---|---|---|---|
| | | | _____-_____-_____ | ____ /____ /_____ |
| | | | _____-_____-_____ | ____ /____ /_____ |
| | | | _____-_____-_____ | ____ /____ /_____ |
| | | | _____-_____-_____ | ____ /____ /_____ |
| | | | _____-_____-_____ | ____ /____ /_____ |
| | | | _____-_____-_____ | ____ /____ /_____ |

I understand that falsely certifying as to a dependent's eligibility or failure to inform Colby College when a dependent no longer meets applicable benefits eligibility requirements may result in disciplinary action, including without limitation immediate termination of employment and may subject myself to charges of tax fraud or civil action to recover any losses, including without limitation reasonable attorney fees.

_____ _____
Employee Signature Date