

BellSouth Benefits Service Center
Post Office Box 10450
Des Moines, Iowa 50306-0450
Active: (800) 528-1232
Retiree: (800) 842-1558
Fax Number (515) 875-1777

RE: Working Spouse/Partner Inquiry

Dear BellSouth Participant,

In order to determine medical eligibility for your spouse/partner, please complete the following questions:

- Is your spouse/partner employed? Yes No
- Is your spouse/partner enrolled in their employer's medical plan? Yes No
- If not enrolled, date the coverage was declined. MM/DD/YYYY ____/____/____
- If enrolled, is that medical plan a Health Maintenance Organization (HMO) or an Exclusive Provider Organization (EPO)? Yes No
- Does your spouse's/partner's employer pay 100% of the cost of the medical premium? Yes No
- Does your spouse's/partner's employer pay any part of the cost of the medical premium? Yes No
- Does your spouse/partner work 30 or more hours per week? Yes No

If your spouse/partner works 30 or more hours per week and is declining partially paid medical coverage through his/her employer, he/she may have primary coverage on your BellSouth contract under the Primary Working Spouse/Partner provision. An additional premium will apply to any costs that you are currently paying.

NOTE: If your spouse's/partner's employer pays 100% of the cost of the medical premiums, he/she is not eligible for primary BellSouth coverage.

Please note that this information is necessary to enroll your spouse in coverage. Failure to return this form within 30 days of adding your spouse to coverage will result in your spouse's/partner's removal from medical benefits. The insurance carrier will recall any claims that were processed for him or her, and you will be responsible for the medical expenses.

You may call the Service Center at the number listed above to respond to these questions, or if you need more information about this provision. A Human Resources Associate will be able to assist you. Otherwise, please indicate your name and social security below and return this form our office via fax or mail.

BellSouth Benefits Service Center

When returning, please complete: Employee/Retiree Name _____
Employee/Retiree SSN _____
Spouse's Name _____