



VERIFICATION OF ELIGIBILITY FOR MEDICAL WORKING SPOUSE PRIMARY PREMIUMS

If your Spouse/Legally Recognized Partner (LRP)/Domestic Partner works 30 or more hours a week and has subsidized medical coverage available through an employer, and you elect to cover your spouse as primary on your AT&T medical plan, then you are required to pay the additional monthly working-spouse primary premium. Based on your answers below, and your applicable bargaining agreement, it will be determined if you should be paying the additional working-spouse primary premium. **You must return this form by the required due date. If you do not return this form by the required due date, your spouse will be considered an ineligible dependent and coverage for your spouse will be terminated.**

Please read and answer "Yes" or "No" for questions 1 through 5 below. **The company reserves the right to validate all information provided on this form.**

1. Are you married – including common-law spouse – or do you have a Legally Recognized Partner (LRP)/Domestic Partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your answer to question 1 is "Yes," please continue to the next question. Otherwise, please stop, and sign, date and return this document with your other required audit documents.		
2. Is your Spouse/Legally Recognized Partner (LRP)/Domestic Partner employed and working 30 or more hours a week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your answer to question 2 is "Yes," please continue to the next question. Otherwise, please stop, and sign, date and return this document with your other required audit documents.		
3. Does your Spouse's/Legally Recognized Partner's (LRP)/Domestic Partner's employer contribute to the cost of their employees' medical coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your answer to question 3 is "Yes," please continue to the next question. Otherwise, please stop, and sign, date and return this document with your other required audit documents.		
4. Does your Spouse's/Legally Recognized Partner's (LRP)/Domestic Partner's employer pay the full cost of their employees' medical coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your answer to question 4 is "No," please continue to the next question. Otherwise, please stop, and sign, date and return this document with your other required audit documents. You may not enroll your spouse for AT&T primary coverage.		
5. Did your Spouse/Legally Recognized Partner (LRP)/Domestic Partner decline medical coverage through an employer that is available this year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please sign below. You <u>must</u> return this document with your other required audit documents.		

EMPLOYEE/RETIREE CERTIFICATION: I certify that the information supplied above is true. I understand that I will need to immediately contact the AT&T Benefits Center if any of the above circumstances change. I also understand that intentional misrepresentation concerning any of the above information constitutes fraud and is a serious violation of Company Policy. Such a violation may result in legal action, financial consequences and/or disciplinary action up to, and including, dismissal.

Print Name of Employee/Retiree _____	Date _____
Signature of Employee/Retiree _____	
Employee's/Retiree's Last 4 digits of Social Security number _____	

*Note – Please refer to your applicable Summary Plan Description for a complete definition of the Working Spouse Primary Premium.

This document summarizing the dependent eligibility provisions for AT&T health and welfare plan coverages is presented as a quick reference for general information only. For detailed terms and conditions of the AT&T health and welfare plans, consult the summary plan descriptions, summary of material modifications or the official plan documents. In all cases, the official plan documents shall govern and are the final authority on the terms of the plans. The AT&T companies reserve the right to amend, modify, suspend or terminate any and all of their benefit plans, subject to any applicable collective bargaining agreement. Participation is neither a contract nor a guarantee of future employment.