



## SPOUSAL SURCHARGE FORM

State Form 57386 (10-25)

INDIANA STATE PERSONNEL DEPARTMENT

Employee Name: \_\_\_\_\_ PeopleSoft Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

This form must be completed if you are covering your spouse on your State's medical insurance in 2026. Once completed, upload the form within your Spousal Surcharge Certification Life Event located in PeopleSoft.

### Employee Certification – to be completed and signed by employee

- Is your spouse currently unemployed? Yes No
- Does your spouse work for the State of Indiana? Yes No  
If yes, what is your spouse's PeopleSoft Number? \_\_\_\_\_
- Does your spouse work for a school corporation that participates in the State Employee Health plans? (Canaan, Cannelton City, Charles A. Beard, Lake Ridge, MSD of Shakamak, or Springville Community Academy) Yes No

If yes, what is the name of your spouse's employer? \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you answered "Yes" to any of the questions above, please upload to PeopleSoft.

If you answered "No" to all the questions above, your spouse's employer must complete the section below.

### Employer Certification – to be completed and signed by your spouse's employer

- If spouse is self-employed, this section should be completed by spouse.

- Is the spouse named above eligible for medical insurance under a group plan? Yes No
- If yes, is he/she enrolled in this plan for 2026? Yes No

Employer Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Employer Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_