



SPOUSAL SURCHARGE WAIVER REQUEST FORM

State Form 57386 (R3 / 5-26)

INDIANA STATE PERSONNEL DEPARTMENT

Employee Name:

PeopleSoft Number:

Spouse Name:

To request a Spousal Surcharge waiver, you must complete and upload this form within PeopleSoft. Navigate to Employee Self Service, select the Benefit Details tile, select the Life Events tile, then select I want to fill out the Spousal Surcharge Waiver.

The Spousal Surcharge waiver is effective the first of the month following the date you submit the approved waiver request form. A qualifying event may impact these effective dates.

Employee Certification – to be completed and signed by employee

- Is your spouse **un**employed or retired? Yes No
- If retired, when?
- 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? Yes No
- If yes, what is the name of your spouse’s school?

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
- If yes, enter coverage start date:

Company Name or enter Self-Employed:

Company Representative Signature
(spouse signature if self-employed):

Company Representative Printed Name:

Company Representative Title:

Company Representative Phone & Email:

Date: