



# SPOUSAL SURCHARGE WAIVER REQUEST FORM

State Form 57386 (R2 / 2-26)

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 unemployed 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: