2026 SPOUSAL SURCHARGE WAIVER REQUEST FORM

State Form 9900476 (R1 10-26)
INDIANA STATE PERSONNEL DEPARTMENT

Employee Name: _____ PeopleSoft Number: _____

Spouse Name: _____

To request a Spousal Surcharge waiver for the remainder of 2026, 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 2026.** The 2026 waiver will not carry over to 2027.

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: _____