



DATE _____

EMPLOYEE NAME _____

IS SPOUSE REQUESTING COVERAGE UNDER ASCOT PLAN? YES NO

SPOUSE NAME _____

IS SPOUSE EMPLOYED? YES NO

SPOUSE EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____

IS SPOUSE ELIGIBLE FOR THEIR EMPLOYER'S PLAN? YES NO

IF (NO) THE REASON THEY AREN'T ELIGIBLE _____

SIGNATURE OF SPOUSE'S EMPLOYER REPRESENTATIVE or EMPLOYEE
SIGNATURE IF SPOUSE NOT EMPLOYED

SIGNATURE _____

POSITION _____ DATE _____

WHEN SPOUSE BECOMES ELIGIBLE AT HIS OR HER EMPLOYER, THEY WILL BE DROPPED FROM THE ASCOT PLAN. IT IS THE EMPLOYEE'S RESPONSIBILITY TO NOTIFY ASCOT ENTERPRISES INC. WHEN THIS HAPPENS.