

**REQUEST FOR DOUBLE SPOUSE CREDIT
FACULTY, PROFESSIONAL/SCIENTIFIC, MERIT EXEMPT STAFF**

When a husband and wife (or domestic partners) are both employed by The University of Iowa, they may elect to take advantage of the Double Spouse Credit. The change to Double Spouse Credit may be made at the time of hire, open enrollment, or the first of the month following a qualifying event such as marriage or declaration of domestic partnership. If the spouse or partner is employed by another State of Iowa agency, instead of using this form, please contact the University Benefits Office or the HR representative for the agency.

Due to the qualifying event of _____, date of event _____, we wish to modify our current benefit family status with The University of Iowa and select the following combination as indicated below:

Our family status is: Employee & Spouse Family

- Spouse 1 - Double Health and Dental Credits
Spouse 2 - No Health and Dental Credits
- Spouse 1 - Double Health Credits and No Dental Credits
Spouse 2 - No Health Credits and Double Dental Credits
- Spouse 1 - Double Health Credits and One Employee's Dental Credits
Spouse 2 - No Health Credits and One Employee's Dental Credits
- Spouse 1 - One Employee's Health Credits and Double Dental Credits
Spouse 2 - One Employee's Health Credits and No Dental Credits
- Cancel Double Spouse Credit

The persons named below choose to elect the double spouse option and certify that they are both employed by The University of Iowa and are qualified to participate in the group insurance program. To be eligible, both must elect the same group insurance plan.

If either employee separates employment, changes classification, becomes ineligible to participate in this program, or will not receive a paycheck for the month in which a premium is due, their spouse or partner must notify the University Benefits Office within 30 days, and by signing this form, authorizes a payroll deduction of any balance owed.

Spouse1: _____
Name of Employee (please print) Employee ID Number, SSN, or University ID

Signature: _____ Date: _____

Spouse2: _____
Name of Employee (please print) Employee ID Number, SSN, or University ID

Signature: _____ Date: _____

Return to: University Benefits Office, 120-USB, Suite 40