



Affidavit of Spousal Coverage

Wilks Brothers, LLC policy does not allow MEDICAL coverage for your spouse if it is available through his or her employer. The “Working Spouse’s Rule” requires employed spouses of Wilks Brothers, LLC employees to join their employer’s group medical plan if coverage is desired and available. Your spouse’s eligibility for plan coverage under our company plans will not be considered until this form is fully completed and returned. **The term “spouse” is defined as your “legal spouse”.**

Are you legally married? ☐ Yes ☐ No

Does spouse work? ☐ Yes ☐ No

If so:

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Is he or she eligible to participate in their employer’s medical plan? ☐ Yes ☐ No

If my spouse’s employment status and medical benefits eligibility changes in the future, I understand that I am responsible for completing a new enrollment form and new Affidavit of Spousal Coverage form within 31 days of the change. I understand that failure to notify Wilks Brothers, LLC of my spouse’s employment change or falsifying his or her employment status is against company policy.

By signing this form, I attest to the accuracy of the statements above and understand falsification of any document may result in disciplinary action up to and including termination of employment.

Spouse Name: _____

Employee Name: _____

Employee Signature: _____