



Dear Azuria Employee,

### AZURIA WATER SOLUTIONS, INC. WORKING SPOUSE PROVISION

Azuria employees' spouses who have access to medical coverage through another employer are not eligible for enrollment in the Anthem or Kaiser medical health plans. This allows Azuria to maintain affordable coverage for its employees, spouses who have no other medical coverage choice and dependent children.

Two populations of spouses will continue to be eligible for enrollment as your dependent:

- Spouses who do not have access to medical coverage through his/her employer, and
- Spouses who are employed part-time, self-employed or on Medicare.

Employees who want to cover their **eligible** spouse on Azuria's medical plans must complete the Attestation of Spousal/Domestic Partner Health Care Coverage form. If the affidavit is not signed and submitted, spouses will be considered ineligible and will be dropped from the medical plan.

Employees whose spouse is currently enrolled on the medical plan and **do not** meet the eligibility criteria should not complete the form.

You can also speak to an enrollment counselor about our medical plan options by calling 800.228.0216. You have from October 20 – November 7 to elect coverage for 2026.

To a successful open enrollment season!

Sincerely,

Azuria Benefits



## Attestation of Spousal/Domestic Partner Medical Coverage

Name of Employee: \_\_\_\_\_ Name of Spouse/Domestic Partner: \_\_\_\_\_

**Important: please ensure this form is fully completed.**  
**Your response, or lack of response, will impact your spouse's health care coverage.**

### SECTION I: Spouse/Partner Employment Information

- Is your spouse/partner currently employed?
- Yes - (sign below, continue to Section II) Effective 1/1/26 Spouses/Partners of Aegion employees who have access to their own Employer Sponsored Health Plan must elect coverage through that employers' plan.
  - Self-employed - (sign below, skip Section II)
  - Not employed / Retired - (sign below, skip II)

#### Azuria Dependent Eligibility Terms and Conditions:

**Right to request documentation:** Azuria has the right to request documentation from an employee who declares their spouse/partner is not eligible for their Employer's Health Plan. In addition, we have the right to ask for tax records to prove non-working or self-employment status.

**Recourse for making a false statement:** An employee who intentionally falsifies his/her spouse/partner status on this form will be subject to immediate repayment of paid premium and claims on the spouses/partners behalf by Azuria and may be released from employment or terminated from the benefit plan for intentional falsification of employment-related paperwork.

I certify that the foregoing is true, correct, and current. I understand as an employee that willful falsification of information on this Attestation may lead to disciplinary action, up to and including discharge from employment.

\_\_\_\_\_  
Employee Signature *(required)*

\_\_\_\_\_  
Date

### SECTION II: Employer Certification of Spouse's/Partner's Health Benefit Coverage

*NOTE: this section must be completed in full by your Spouse's/Partner's employer*

1. Is the Spouse/Partner named above eligible for employee health benefits through your company?  Yes  No
2. If the Spouse/Partner is eligible but not enrolled, is it because spouse/partner waived coverage?  Yes  No
3. If spouse/partner is not eligible, please provide reason for ineligibility: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Name of Representative (Printed): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_