



Office of Management and Enterprise Services
Employees Group Insurance Department
3545 N.W. 58th St, Suite 110, Oklahoma City, OK 73112
 1-405-717-8780 or toll-free 1-800-752-9475
 TDD: 1-405-949-2281 or toll-free 1-866-447-0436

EXCLUSION FOR SPOUSE COVERAGE
74 O.S. 1991, Section 1309 As Amended

An employee may elect to cover all eligible dependent children and elect not to cover his/her spouse.

This election shall be made at any one of these dates: (1) the time the employee enrolls in the plan or makes changes during the annual Option Period, or (2) the time when the employee experiences a qualifying event. An employee who elects to cover all eligible dependent children and not their spouse will not have the opportunity to enroll their spouse until either the next annual Option Period or within 30 days of a qualifying event.

The employee whose name appears below elects to exclude their spouse from the following plan(s) (circle as appropriate):

Health

Dental

Group ID#/ Division #: _____ Group Name: _____

Employee's Name: _____ SSN or Member ID #: _____
(Please Print)

Employee's Signature: _____ Date: _____

Spouse's Name: _____ SSN: _____
(Please Print)

Spouse's Signature: _____ Date: _____

NOTE: This form does not provide exclusion for life or vision coverage.

This form does not need to be submitted to EGID. However, completion of this form is required by State Statute and should be retained in the employer's files for auditing purposes.