

# JOANN

## Working Spouse/ Domestic Partner (DP) Eligibility Attestation

As part of the Dependent Eligibility Verification process, if your spouse/domestic partner (DP) is covered under a JOANN **Medical** plan, you are required to complete this form. If you answer yes to **question # 2** below, you must also complete and return the attached Working Spouse Employer Confirmation form on page 2.

Select **ONE** option from the following, complete the instructions, sign, and attach to your ALLY enrollment/Life Event.

- 1. My spouse/DP is not currently employed
- 2. My spouse/DP is employed but is either not eligible for benefits, or their employer does not offer benefits. Employer will need to complete page 2 of this form.\*
- 3. My spouse/DP is self-employed.
- 4. Both myself and spouse/DP work for JOANN
- 5. My spouse/DP is employed and is eligible for benefits. Employer will need to complete page 2 of this form.\*

**\*If you marked box #2 or #5, the attached document "Working Spouse/DP Employer Confirmation" on page 2 must be completed by you, your spouse and by your spouse's employer and uploaded with Page 1 of the form.**

*I/We attest that the above information is accurate and true to the best of our ability. I/We agree to immediately notify JOANN of any future spousal or domestic partner benefit offering changes that may impact eligibility for benefits. I/We understand the spousal or domestic partner coverage policy of the benefit plans and agree to any applicable finding of dependent ineligibility based on the spouse's or domestic partner's employment and benefit eligibility status, or lack thereof.*

Team Member ID: \_\_\_\_\_

Team Member Full Name: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_

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

Spouse/DP Full Name: \_\_\_\_\_

Spouse/DP Signature: \_\_\_\_\_

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

\*Working Spouse/DP Employer Confirmation (page 2) should be returned by spouse/DP's employer upon completion back to the Team Member for uploading into ALLY.



**Jo-Ann Stores, LLC Working Spouse/Domestic Partner (DP) Employer Confirmation**

As part of your spouse's or domestic partner's Dependent Eligibility Verification, have your working spouse complete this document in cooperation with their employer. **You, your spouse/DP, and your spouse's/DP's employer** must sign. Upload this completed form into Ally if you are adding a spouse/DP to your medical coverage.

Working Spouse/DP Name: \_\_\_\_\_ Working Spouse/DP Employer: \_\_\_\_\_

Employer: Please select and complete the following:

- \_\_\_\_\_ is employed but not benefit eligible
- \_\_\_\_\_ is employed with benefits
- \_\_\_\_\_ is employed and benefit eligible but is not enrolled in benefits because \_\_\_\_\_.

Name/Title: \_\_\_\_\_ Company: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Team Member + Spouse:**

*I/We attest that the above information is accurate and true to the best of our ability. I/We agree to immediately notify JOANN of any future spousal or domestic partner benefit offering changes that may impact eligibility for benefits. I/We understand the spousal or domestic partner coverage policy of the benefit plans and agree to any applicable finding of dependent ineligibility based on the spouse's or domestic partner's employment and benefit eligibility status, or lack thereof.*

Team Member ID: \_\_\_\_\_

Team Member Full Name: \_\_\_\_\_

Spouse/DP Full Name: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_

Spouse/DP Signature: \_\_\_\_\_

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

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

**This completed form must be uploaded into ALLY during your enrollment if you are enrolling a spouse/DP into a medical plan.**