



**SPOUSE DECLARATION OF
UNEMPLOYMENT, SELF-EMPLOYMENT
OR FREELANCE STATUS**

FORM 3

Participant Name: _____ SSN or ID Number: _____
Address: _____
City State Zip: _____
Spouse Name: _____
Spouse SSN: _____ Spouse Birth Date: _____

I hereby certify that my spouse named above:

1. Is my lawfully wedded spouse;
2. Is not currently employed; and/or
3. Does not have available to him/her any employer-sponsored group health insurance.

I understand that the Motion Picture Industry (MPI) Health Plans will rely on the information contained in this Declaration to make its determination regarding benefits and eligibility for my spouse and my children.

I understand that it is my responsibility to advise MPI immediately if my spouse becomes eligible to participate in an employer-sponsored group health plan after I submit this Declaration. At that time, my spouse must enroll in that group health plan, and MPI will become the secondary payor of benefits.

I understand that if there is a change or misstatement, it is critical that I promptly and accurately communicate any change in my spouse employment status to MPI. If MPI provides benefits to which my spouse and/or my children are not entitled, I will be personally liable for reimbursement of benefits and expenses to MPI, including attorneys' fees and costs, incurred by MPI. In addition, the amount of any overpayment may be deducted from the benefits to which I would otherwise be entitled.

I understand that if any information on this Declaration changes, a new declaration must be submitted within 30 days.

I hereby certify that the above statements are true and correct, and I acknowledge that it is fraudulent to knowingly fill out this form with any information that is false.

Participant's Signature _____ Date _____