



Marriage Status Confirmation

Employee name (print)

Spouse name (print)

We certify the following:

- We are legally married as of February 1, 2021.
- We agree to notify Human Resources if there is any change in our marital status. Divorced spouses are not considered eligible family members under The Haartz Corporation group health plan (Plan); however, a divorced spouse may be eligible for up to 36 months of COBRA coverage, payable separately from active employee contributions.
- We will notify Human Resources within thirty (30) days of such change.
- We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the individual employed by The Haartz Corporation to disciplinary action, retroactive loss of benefits and an obligation to reimburse The Haartz Corporation for any costs involved in providing benefits coverage.
- We have provided the information in this statement for the sole purpose of determining our eligibility for spousal benefits provided by the Haartz Corporation. We understand that this information will be treated as confidential and will otherwise be disclosed upon our written authorization or as required by law.

Employee Signature

Date

Spouse Signature

Date