CERTIFICATION OF DUAL UNIVERSITY COVERAGE
FOR COORDINATION OF PRESCRIPTION BENEFITS

Coordination of Prescription Drug Benefits with a $0 coinsurance amount at the pharmacy is ONLY available when all family members are covered by two active University employees, in the Advantage or Comprehensive Plan Design Options. Coordination of Prescription Drug Benefits is not offered when either one or both employees have elected the University’s Consumer Directed Health Plan Design Option. If some family members are only covered by one employee, you may be required to pay a coinsurance amount at the pharmacy and submit a paper claim to RegenceRx for reimbursement.

Employee Information

<table>
<thead>
<tr>
<th>HUSBAND</th>
<th>WIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________________</td>
<td>Name: ___________________________</td>
</tr>
<tr>
<td>Employee ID No.: __________________</td>
<td>Employee ID No.: __________________</td>
</tr>
<tr>
<td>Daytime Phone: __________________</td>
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Eligible Dependent Children Enrolled in the Health Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Covered by Husband</th>
<th>Covered by Wife</th>
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<tbody>
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Certification

We each hereby certify the following:

- I am an active University employee and enrolled in the Advantage or Comprehensive Plan Design Option, and have enrolled my spouse and the listed dependent children as dependents on my coverage.
- I acknowledge that I, my spouse, and any listed dependent children are only eligible for coordination of prescription drug benefits for as long as my spouse and I each maintain coverage through the University and cover the other and any listed dependent children.
- In the event I terminate my coverage, I will contact the University Benefits Department and notify them of the cancellation.
- In the event I utilize coordination of prescription drug benefits while I am not eligible, I will refund any amounts overpaid by the health plan.
- All the information entered on this form is true and correct. I acknowledge that using this benefit improperly or knowingly providing a statement that contains any false, incomplete or misleading information may result in both adverse employment action, up to and including termination of employment, and adverse tax consequences, including penalties and interest.

<table>
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<tbody>
<tr>
<td>DATE: ______________________</td>
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</tr>
</tbody>
</table>

Submit Completed Forms To:

Benefits Department
420 Wakara Way, Ste. 105
Salt Lake City, UT 84108
Phone: (801) 581-7447
Fax: (801) 585-7375
Email: benefits@utah.edu