



# AFFIDAVIT FOR SPOUSAL ELIGIBILITY

Complete this form to enroll your lawful spouse in your dental and/or vision benefit.

You are enrolled in the Pro Football Retired Players Association (PFRPA) Dental Plan and/or Vision Plan as a class member of the NFL Image and Likeness Lawsuit Settlement (Dryer, et al. v. National Football League).

You may add your spouse to your dental and/or vision coverage by certifying below, under penalty of perjury, that the person identified below is your lawful spouse, as recognized under applicable state law.

**Add spouse to following PFRPA benefit (select all that apply):**

- PFRPA Dental Plan
- PFRPA Vision Plan

**Important facts about adding your spouse:**

- **Dental Plan:** Your \$3,000 annual maximum benefit under the Dental Plan will be shared by you and your spouse. In a calendar year, the total benefit available to both of you is a **combined** \$3,000.
- **Vision Plan:** In a calendar year, both you and your spouse can each choose one pair of frames (allowances vary) with prescription lenses included **and** an annual supply of contacts.
- Your spouse will not receive a separate ID number or ID card. The number on your ID card should be used by you and your spouse when filing claims or calling regarding benefits.
- You agree to notify PFRPA Customer Service within 30 days in the event of divorce by calling 855-497-6675 and selecting "Prompt 2" to speak with a representative.

Spouse Information	
Spouse Name (Please print)	Spouse Date of Birth

By signing below, I certify that the spouse listed above is my lawful spouse; I agree to add spouse to my dental and/or vision benefit provided by PFRPA; and I understand the \$3,000 annual maximum for the Dental Plan will be the shared total. I also agree to notify Customer Service within 30 days in the event of divorce.

Player Name (Please Print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player Phone Number: \_\_\_\_\_ Player Email: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form to:**  
**Email:** membership@pfrpa.com **or**  
**Fax:** 855-471-9770