



Important Notice To Point32Health Employees

Massachusetts employers with 11 or more full time equivalent employees are required to offer a Section 125 Cafeteria Plan pre-tax purchasing arrangement. A Section 125 Plan is not health insurance; it is a way to purchase health insurance on a pre-tax basis. Employees of Point32Health may use this program to have the cost of their health insurance contributions deducted from their paycheck on a pre-tax basis.

This program is available to employees who participate in our company sponsored group health plan and to employees who are not eligible for our group health insurance plan when they purchase private health insurance. However, due to federal health care reform regulations, this pre-tax premium deduction option is not available to employees who purchase their private insurance through a state Exchange (The Massachusetts Health Connector). If you have any questions or would like to receive more information about our Section 125 plan, please contact Human Resources Operations Center at extension 52222.

If you choose to decline participation in our group health insurance plan(s) and/or Section 125 plan you must complete the Waiver Form below and return it to Human Resources within 14 days.

Group Health Insurance / Section 125 Plan Waiver Form

EMPLOYER INFO	Employer Name:	<u>Point32Health</u>	FEIN:	<u>04-298-5923</u>		
	Employer D/B/A:	<u>Point32Health Services, Inc.</u>				
	Employer Address:	<u>1 Wellness Way</u>				
	City State Zip Code:	<u>Canton, MA 02021</u>				
	1. Did you offer a "Section 125 Cafeteria Plan" to this employee?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
2. Did you offer employer sponsored health insurance to this employee?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
EMPLOYEE INFO	Employee First Name	<input type="text"/>				
	Employee Last Name	<input type="text"/>				
	Middle Initial	<input type="text"/>				
	Suffix (e.g., Jr., Sr.)	<input type="text"/>				
	1. Did you accept your employer sponsored health insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	None Offered
2. Did you agree to use your employer's "Section 125 Cafeteria Plan" to purchase health insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	None Offered	<input type="checkbox"/>
3. Do you have other health insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Employee Affidavit

I hereby affirm that all the information provided herein is true to the best of my knowledge. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment, that I may forfeit all or a portion of my Massachusetts personal tax exemption and be subject to federal tax penalties.

Employee Signature

Date (MM/DD/YY)