



switchpoint™

Health Insurance Opt-Out Contribution

To help off-set the cost of an individual or family health plan, Switchpoint Full-Time employees that opt out of the Switchpoint Health Insurance plan **MAY** be eligible for an Opt-Out Contribution. Qualifying full-time employees would receive a contribution of \$125 per paycheck.

To receive this Contribution, a full-time employee that opts out of Switchpoint Health Insurance **MUST** meet the following criteria and sign the disclosure below.

1. **Proof of Health Coverage:** Proof of health coverage must be received by Human Resources within the employee’s enrollment period or during open enrollment.
 - a. If Proof of Coverage is not received by the employee’s insurance eligibility date, then the employee will forfeit this contribution until the next Open Enrollment period when they may re-apply.
2. **Source of Health Coverage:** The employee’s health coverage **MUST** be through one of the following sources and **CANNOT** be a government subsidized plan (e.g., Medicaid, Medicare, Marketplace, etc.):
 - a. A spouse’s plan
 - b. A parent’s plan

I _____ acknowledge I have been offered the opportunity to enroll myself and eligible family members in Switchpoint’s Group Health Plan.

I decline enrolling myself or eligible family members listed below to the health plan coverage because:

I have other *medical coverage through a spouse or parent provided by:

- Insurance Company Name: _____
- Policy/Group Number: _____ / _____
- Through (Employer Name): _____

*PLEASE ATTACH PROOF OF INSURANCE TO THIS WAIVER

To the best of my knowledge, my health coverage is not a subsidized plan. I will not hold Switchpoint responsible or liable for any penalties, taxes, or fees incurred for receiving this Opt-Out Contribution.

Employee Name _____ Date _____

Employee Signature _____