



switchpoint™

2025 Health Insurance Opt-Out Contribution

To help offset the cost of an individual or family health plan, Switchpoint Full-Time eligible employees that opt out of Switchpoint Health Insurance **MAY** be eligible for a post-tax Opt-Out Contribution. Qualifying full-time employees would receive a post-tax contribution of \$175 per paycheck.

To receive this Contribution, a full-time employee that opts out of Switchpoint Health Insurance **MUST** be enrolled in qualifying Group/Employer health coverage through a spouse/parent/etc., meet the following criteria, and sign the disclosure below.

1. **Provide 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.
 - b. The following qualify as “proof of coverage”
 - i. Medical insurance card showing current coverage
 - ii. Benefit print-out from medical insurance showing current coverage
 - iii. Proof of coverage must show that the Switchpoint employee is enrolled

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 and eligible family members in Switchpoint Health coverage because:

I have Group/Employer coverage through a Paren/Spouse/etc.

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

SPOUSE PARENT OTHER _____

***PLEASE ATTACH PROOF OF INSURANCE TO THIS WAIVER**

To the best of my knowledge, I have provided accurate and up-to-date information. 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 _____