



Employee Health Insurance Responsibility Disclosure Form 2014

You are completing this form because you have declined to participate in your employer sponsored health insurance plan and/or have declined to participate in the employer's "Section 125 Cafeteria Plan" pre-tax purchasing arrangement.

Employer Information

Employer Name: Boston University

FEIN: 04-2103547

Employer Address: 25 Buick Street, Boston, MA 02215

Employee's portion of the monthly premium cost of the least expensive individual health plan offered by the employer to the employee: \$119.36

Employee Information

Employee Name _____

Boston University ID _____

Employees: please check the appropriate box for each question.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Were you offered employer subsidized health insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1a. If yes, did you decline your employer subsidized health insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Were you offered a "Section 125 Cafeteria Plan" to pay for health insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2a. If yes, did you decline to use your employer's "Section 125 Cafeteria Plan" to pay for health insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have other health insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Employee Affidavit

I hereby affirm, under penalties of perjury 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 other penalties pursuant to M.G.L c. 111M, that the Employee Health Insurance Responsibility Disclosure (HIRD) Form contains information that must be reported in my Massachusetts tax return, and that I am required to maintain a copy of the signed HIRD Form.

Employee Signature

Date