



Employee Understanding and Disclosure

ATTENTIVE offers the ability to help you control costs of medical coverage and extend the allowance to you through your employer’s Self-Insured Medical Reimbursement Plan (SIMRP), which focuses on Preventative Care Management® (PCM). You can receive reimbursement for your contribution by participating in the PCM Program.

Pre-tax contributions are made under the IRS Section 125 Cafeteria Plan. Standard tax savings are based on current state and federal income tax rates.

In accordance with your employer's Self-Insured Medical Reimbursement Plan (SIMRP), you may be reimbursed up to 100% of the premiums charged to you by your employer, if you meet certain criteria established by your employer.

I understand the savings and estimates are estimates; I should consult an accountant or tax expert. I further understand and acknowledge the Plan Administrator has entered a contractual arrangement with my employer and me.

I understand that if the total premium “After Tax Allotment” exceeds my “After Tax Allotment,” the difference will be deducted from my current net pay. With signature below, I understand participation in the PCM Program requires me to login to my PHD (Personal Health Dashboard) to fulfill my utilization requirements, as directed. This may include, taking the health risk assessment, or when applicable, talking with a designated coach. All shared medical information is for my use only, and it will not be disclosed to my employer.

I further understand and agree to pay ATTENTIVE an administrative fee that will be deducted from the gross tax savings I may receive because of my pretax contribution.

I understand that failure to satisfy my participation requirements may lead to removal from the PCM Program and reimbursements of any premiums paid under the SIMRP may become taxable. I further understand that all Section 125 rules apply, and I cannot stop this plan until open enrollment each year, or in the case of a qualifying life change. Furthermore, participation in the PCM Program requires compliance regarding all HRA, HSA and FSA regulations.

I also affirm that I have coverage for major medical insurance through an employer-sponsored plan; I also affirm that my coverage is not through the Exchange Marketplace (healthcare.gov).

I understand the information above will be kept on file for ATTENTIVE’s records and mine. I further understand that I will be emailed and/or SMS text once per month, pertaining my ATTENTIVE PROGRAM. (Msg & Data rates may apply)

Company Name:

I wish to participate in the PCM Program offered under Section 125.

Signature:

Date:

Printed Name:

I wish to decline to participate in the PCM Program offered under Section 125.

Signature:

Date:

Printed Name: