

Boston University

Office of Human Resources
25 Buick Street
Boston, Massachusetts 02215

www.bu.edu/hr



Employee Health Insurance Responsibility Disclosure Form 2007

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

Employer Information

Boston University
25 Buick Street
Boston, MA 02215

FEIN: 04-2103547

Employee's portion of the monthly premium cost of the least expensive individual health plan offered by Boston University: \$68.69.

Employee Information

Name: _____

Social Security Number: _____

Please check the appropriate box for each question.

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

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