



**Health Insurance Responsibility Disclosure (HIRD) Form for Non-Benefited Employees**

**SECTION I**

Employee First Name:

Middle Initial:

Employee Last Name:

Suffix (e.g., Sr., Jr.):

Employee Social Security or Tax Identification Number:

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**Please check the appropriate box for each question:**

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|---|-----|----|
| 1. Were you offered employer subsidized health insurance?   | Yes | No |
| 1a. If Yes, did you decline your employer subsidized health insurance?  | N/A |    |
| 2. Were you offered a "Section 125 Cafeteria Plan" to pay for health insurance?<br>The S125 Plan allows you to request that the premium for your health insurance through the Commonwealth Connector Authority be deducted from your paycheck on a pre-tax basis. | Yes | No |
| 2a. If yes, did you decline to use the section 125 Cafeteria Plan?  | Yes | No |
| 3. Do you have other health insurance?  | Yes | No |
| 4. Do you have health insurance through the GIC as an employee of another agency or spouse/dependent of a state employee?   | 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: \_\_\_\_\_

**RETURN COMPLETED FORM TO YOUR HR DEPARTMENT AT THE ADDRESS BELOW**

**SECTION II**

Campus: University of Massachusetts Amherst Federal Employer Identification Number (FEIN): 046002284

Address, City, State, Zip: 181 President's Drive, 325 Whitmore Administration Building, Amherst, MA 01003

Campus Insurance Coordinator: Beth Ives, Insurance Specialist

For GIC-eligible employees, enter the lowest available monthly employee share of GIC health insurance individual coverage premium: 15% =  20% =

The Campus must retain this form for three (3) years and make it available to the Division of Health Care Finance and Policy and the Department of Revenue upon request as required by 114.5 CMR 18.00 **DO NOT SEND THIS FORM TO THE GIC OR THE CONNECTOR.** If the employee does not return a signed, completed form, you must document efforts to obtain it.

Employee is (check one):      GIC eligible:       Connector Authority eligible:  152368