## Acknowledgement of Tax Responsibilities for Payroll Contributions to Employer-Sponsored Premiums



This form allows you to receive approval for claims for payroll contributions to employer-sponsored premiums.

## **Instructions**

- 1. Complete and sign the form.
- 2. Attach the completed form to all pending and future claims for payroll contributions to employer-sponsored premiums.

## **Explanation**

According to IRS rules, you cannot receive reimbursement for insurance premiums paid by your spouse's employer sponsored health insurance plan unless those premiums are included on your spouse's Form 1040. To ensure you and your employer comply with IRS rules when requesting reimbursement for payroll contributions to an employer-sponsored health insurance premium, your plan requires you to acknowledge responsibility for reporting your payroll contributions as taxable income on your household's tax return for the applicable tax year.

## **Participant Acknowledgement of Tax Responsibilities**

This agreement is subject to the terms of your Employer's Health Reimbursement Plan ("Plan"), as it may be amended from time to time. By signing and submitting this Acknowledgement Form, you certify that you have read and understand the Acknowledgement of Tax Responsibilities for Payroll Contributions to Employer-Sponsored Premiums ("Acknowledgement Form") and agree to the terms outlined below.

By signing and submitting this Acknowledgement Form, you are certifying that your household will report as income any payroll contributions to employer-sponsored health insurance premiums claimed through the Plan.

By signing and submitting this Acknowledgement Form, you certify that you are fully liable if you do not honor the Plan Terms including any resulting tax consequences and that you will immediately pay back any reimbursement you receive for payroll contributions to employer-sponsored health insurance that is later deemed to be ineligible for tax-free reimbursement.

By signing and submitting this Acknowledgement Form, you understand that this document is legally binding and that any health insurance premium expenses submitted for reimbursement must not be covered tax-free by any other source.

Participant Name:	
Signature:	

