



Dear Massachusetts Employee:

If you purchase health care coverage through the MA Commonwealth Connector (the Connector), you may be eligible to make your premium payments with pre-tax dollars deducted from your pay.

To be eligible for pre-tax payroll deductions you must be on an assignment expected to last for 90 consecutive days or longer. **If you pay with pre-tax dollars, certain restrictions apply. You cannot change or drop your health care plan until the next open enrollment period.**

Open enrollment will be in March each year and will last for approximately 30 days. If you do not have a benefit deduction for any reason, you are responsible to pay the missed premium directly to the Connector.

You can also elect to make your payments on an after-tax basis directly to the Connector. This option gives you greater flexibility concerning dropping or changing your health care coverage. If you choose to pay with after tax dollars, you must enroll as an individual when you sign up for a Connector Health Care Plan and not use the Kelly Employer ID.

To begin, you must complete the **Premium Only Section 125 Plan Employee Waiver/Election Form** as part of your registration process. You should complete the form even if you are choosing to waive the pre-tax benefit option. Failure to sign the form will result in a default election of waive which you will not be able to change until the next annual enrollment period unless you experience an IRS-defined Qualified Life Event.

Through the Connector, you can choose from several health insurers and a variety of benefit options. Your participation is completely voluntary. You are responsible for the entire cost of any Connector Plan you choose. For more information about the programs offered through the Connector, call **1-877-MA-ENROLL (1-877-623-6765)**, or visit [www.mahealthconnector.org](http://www.mahealthconnector.org).

- If you elect coverage through the Connector and want an effective date prior to the first month's premiums being deducted and sent to the Connector, you will need to make after-tax payments directly to the Connector.
- If you choose the **Election of Pre-Tax Premium Only Plan**, you meet the eligibility requirements above and you choose to enroll through the Connector, you will do so using the Employee option or link. You will use the Employer Name: Kelly Services, Inc. and the Employer ID#: 162444.
- If you choose the **Waiver of Pre-Tax Premium Only Plan**, or you choose Election of Pre-Tax Benefits and you do not currently meet the eligibility requirement, and you choose to enroll through the Connector, you will enroll through the Individuals & Families option or link.

You have 30 days from your first eligible assignment to make an enrollment election and have the premiums deducted on a pre-tax basis. If at that time you choose to decline, you may enroll as an Individual or wait until the next Annual Open Enrollment Period.

### Questions:

For questions regarding the Section 125 Pre-tax Deduction Plan, call the Kelly Services Benefits department at 1-800-376-4964 select option 2 then the appropriate menu option.

For questions regarding the options available through the Connector, contact the MA Commonwealth Connector at 1-877-623-6765.



**EMPLOYEE HEALTH INSURANCE RESPONSIBILITY DISCLOSURE FORM  
 MASSACHUSETTS SECTION 125 CAFETERIA PLAN  
 PREMIUM ONLY SECTION 125 PLAN  
 EMPLOYEE WAIVER/ELECTION FORM**

• Please print.

This form must be completed to either a) waive pre-tax health care payroll deductions, or b) elect to authorize pre-tax health care payroll deduction for premium amount.

To be eligible for a pre-tax deduction, you must be a temporary employee working in Massachusetts on a work assignment expected to last 90 days or longer.

If you lose status as an eligible employee for more than 30 days, you must contact the Connector for premium payment instructions.

<b>Employer</b>	Employer Name <b>Kelly Services, Inc.</b>				
	Employer D/B/A: <b>N/A</b>		FEIN: <b>38-1510762</b>		
	Employer Address <b>999 W. Big Beaver Rd.</b>		City <b>Troy</b>	State <b>MI</b>	ZIP Code <b>48084</b>
	1. Did you offer employer sponsored health insurance to this employee?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	2. Did you offer a "Section 125 Cafeteria Plan" to this employee?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	3. What is the dollar amount of the employee's portion of the monthly premiums cost of the least expensive individual health plan offered by the employer to the employee?				\$

<b>Employee</b>	Employee First Name <i>(Please Print)</i>	Middle Initial	Last Name	Last 4 Digits of Social Security Number	
	Employee Address	City		State	ZIP Code
	1. Did you accept your employer-sponsored health insurance?				Yes <input type="checkbox"/> No <input type="checkbox"/> None Offered <input type="checkbox"/>
	2. Did you agree to use your employer's "Section 125 Cafeteria Plan" to purchase health insurance?				Yes <input type="checkbox"/> No <input type="checkbox"/> None Offered <input type="checkbox"/>
	3. Do you have other health insurance?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Select an option below:

- Waiver of Pre-Tax Premium Only Plan** - I elect to waive pre-tax payroll deductions under the Section 125 Cafeteria Plan.

Prior to each Plan Year I will be offered the opportunity to make a new pre-tax payroll deduction election for the coming Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue this election to waive participation as indicated above.

- Election of Pre-Tax Premium Only Plan** - If I am eligible or become eligible for pre-tax health care deductions, an amount equal to the annual contributions, divided by the number of pay periods in the Plan Year, will be deducted on a pre-tax basis from each of my paychecks (unless another method is prescribed by the Plan Administrator) to pay for the coverage I have elected through the Massachusetts Commonwealth Connector.

In accordance with my rights under the Plan, I authorize salary reductions in the amount of current premiums being charged for the medical care coverage I have elected through the Commonwealth Connector Plan.

I understand that:

- This election is irrevocable until the next Annual Enrollment, unless I experience an IRS-defined Qualified Life Event.
- If I do not have a benefit deduction for any reason, I am responsible to pay the missed premium directly to the Massachusetts Commonwealth Connector on an after-tax basis.
- If my required contributions to pay premiums for the elected benefits are increased or decreased while this agreement remains in effect, my compensation reductions will automatically be adjusted to reflect that increase or decrease.
- The Plan Administrator may reduce or cancel my compensation reduction or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.
- The reduction in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefits programs maintained by my employer.
- Pre-tax contributions are not subject to federal income or Social Security ("FICA") taxes. This could result in a reduction in the Social Security benefits I receive at retirement if I earn less than the annual FICA "taxable wage base" (\$102,000 for 2008).
- This compensation reduction agreement will continue by its terms in the amount of the required contribution for the benefit option for the new Plan Year.
- This Agreement is subject to the terms of the employer's Section 125 cafeteria plan, as amended for time to time in effect, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation reduction agreement relating to such plan.

**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

**Note:** Refusal to sign will be considered a "Waiver of Pre-Tax Benefits."

**Branch Use Only:**

<b>Accepted and agreed to by the Employer's Authorized Representative:</b>	
_____ Kelly Representative's Signature	_____ Date

The employer must retain this document for three (3) years and make it available upon request to the Division of Health Care Finance and Policy and the Division of Revenue as required by state regulation 114.5 CMR 18.00.