Employee Attestation of Tax Dependent Information and Other Healthcare Coverage

I, _____, hereby declare and attest that my spouse and dependents listed herein are my legal spouse and dependents as defined by applicable laws and regulations and fit the criteria as defined under the Medical Transportation Management, Inc. Section 125 Plan. Additionally, I confirm that I, along with my listed spouse and legal dependents, currently have healthcare coverage outside of Marketplace coverage.

I acknowledge that providing false, misleading, or inaccurate information regarding the above matters may result in corrective action by MTM Transit, up to and including termination of employment.

Dependents Listed:

Spouse:

Name_____ Birthdate_____

Children:

Name_____ Birthdate _____

Name_____ Birthdate _____

Name_____ Birthdate _____

Name_____ Birthdate _____

By signing below, I affirm my understanding and acceptance of the above terms and conditions. I understand that I will be required to attest to this declaration on an annual basis during my employment at MTM Transit.

Employee Name: _____

Employee Signature: _____

Date: _____