

Health Plan Incentive Payment Agreement

I understand that I have agreed to change* health insurance carriers and am eligible to receive a one time incentive payment of \$1,000.00 (single coverage) or \$1,500.00 (all others). I also understand that this payment will be made on September 15, 2018 and that I will not be able to change health carriers until the open enrollment period in June, 2019.

Name (Please Print)

Signature

*Eligible changes include switching from Horizon PPO to Horizon OMNIA or Oxford as well as switching from Horizon OMNIA family coverage to Oxford employee/one adult.