## THE WILLIAM AND FLORA HEWLETT FOUNDATION FERTILITY REIMBURSEMENT ARRANGEMENT OPT-OUT FORM

Social Security No.:	Er	Employee No.:	
Name:			
Last	First	Middle	
Address:			
Street	City	State	Zip
to permanently optoleast annually and, employees are perm.  This opt-out feature may generally consindividuals from clair lunderstand all the lelect to reject cover The William and Floriest annually optobles.	the Fertility Reimbursement Arrangement of and waive future reimbursement upon termination of employment. Eith nitted to permanently opt out of and wais required because the benefits provide the minimum essential coverage uniming a Code § 36B premium tax credibenefit options available under the Ferage under the	ts from the Fertility Reimler the remaining amounts aive future reimbursemer ided by the Fertility Reimder Code § 5000A and with.  Pertility Reimbursement Arrangement offered bance Program.	bursement Arrangement at in the HRA are forfeited or hits from the HRA.  bursement Arrangement II therefore preclude rangement.  by my Employer through
		Date	
Employee's Signature			
Employer's Signature		Date	
Employer a alguature			