

Rimini Street

Medical Health Plan Waiver Policy

Effective **January 1, 2022**, if you have enrolled in group medical insurance through your spouse, domestic partner or parents, Rimini Street, Inc. (*"Rimini Street" or "Company"*) now offers a financial payment if you are eligible for and waive the Company-provided medical insurance.

Upon your attestation that you are enrolled in other group medical insurance coverage, we will pay you \$200 per month which will be subject to federal and state taxes. The credit will be paid on the last regularly scheduled paycheck of each month for the rest of 2022, for as long as you remain eligible for the credit.

If you lose coverage through the other source of coverage during the plan year, you may be eligible to enroll in the Company medical plan as a life status change. This is not guaranteed, and it is subject to restrictions set forth in the Company's plan documents. This waiver does not affect coverage in other Company sponsored benefit programs, such as dental, vision, life, and disability.

To qualify, you must complete the form with your proof of coverage and attach it to a [HR Ticket](#).

Your proof of coverage must have your name listed on it. Generally, a copy of the front and back of your insurance card will do.

Employee Name _____

Associate ID# RS _____

By signing below, I attest that I have been offered the opportunity to enroll in the Company's medical plan. I am asking the Company to NOT enroll me in the company medical insurance plan because I am enrolled in another group plan. In return, the Company will provide me with \$200 per month, as outlined above. I attest that I have secured alternate group coverage and this payment from Rimini Street is considered taxable income to me. I understand that it is my sole responsibility to investigate all coverage options available to me and my family and to select an appropriate medical insurance option that meets our needs.

Signature: _____ Date _____

Rimini Street, Inc.

Worldwide Headquarters 3993 Howard Hughes Parkway, Suite 500, Las Vegas, NV 89169 USA
Phone: +1 702.839.9671 | Toll-Free: +1 888.870.9692 | Fax: +1 702.973.7491 | riministreet.com

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- **Financial payment cannot exceed the maximum dollar benefit of the Employer Health Savings Account Contribution and/or the Medical Health Plan Waiver.**

U.S. Medical Waiver Guideline

Employees have the option to opt-out of medical coverage from Rimini Street's health insurance program and instead, elect group medical insurance coverage through their spouse, domestic partner, or parents.

You are eligible to receive a monthly \$200 credit for waiving medical coverage **IF you complete the Medical Waiver and provide proof of medical insurance coverage** (example: a copy of your medical card with your name on it.) Individual insurance policies (such as coverage purchased on the state or federal Marketplace) will not be considered qualifying coverage for purposes of this waiver credit.

The \$200 credit is considered taxable income (subject to Federal and State income tax) to you and will be included in the last paycheck of the month. The Medical Waiver credit will be applied after the company has received the required documents (signed Medical Waiver and photocopy of your medical insurance card). The credit will not be applied retroactively.

Remember: You must re-submit the Medical Health Plan Waiver every year.

To qualify: Complete the Medical Waiver and submit it along with a copy of your proof of insurance by attaching both to an [HR Ticket](#).

You can find the Medical Waiver on our benefits site - [Rimini Street Benefits](#)

Eligibility will be based on the following criteria:

- Full-time employee who is eligible to participate in the Rimini Street medical plan.
- Proof of other group medical insurance coverage must have the Rimini Street employee's name on it.
- The Medical Waiver and proof must be submitted together as attachments via an HR Ticket.
- Employees must submit a new waiver every year with a new form and proof of insurance.
- If the employee timely submits the required documentation, the full medical waiver credit will be included in the on the last regularly scheduled paycheck of each month.
- If an employee terminates during the month, the full medical waiver credit will be included in their last paycheck.
- Employees on a Leave of Absence (LOA) are eligible for the monthly medical waiver for 90 days.

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Terms and Conditions:

- The medical waiver credit shall be paid to employees via payroll once per month, at the end of the month.
- Medical waiver credit will not be paid in arrears for late or incomplete submissions.
- The medical waiver credit will not be included in the base salary for the calculation of increases or any benefits.
- It is the employee's responsibility to notify Human Resources if their medical insurance coverage changes or is canceled, or they are no longer eligible for the medical waiver.

Exclusions:

- Employees on extended periods of Leave of Absence (LOA) over 91 days are no longer eligible for the medical waiver credits.
- Temporary, part-time or contract workers are not eligible.
- If employees elect to participate in the Rimini Street HSA plan after receiving the waiver credit (or vice versa) during the course of the year, the employee shall only receive the higher dollar amount of either the Medical Waiver credit or the company's Health Savings Account funding in the benefit plan year, not both.

The Company offers this medical waiver credit at its discretion and reserves the right to modify the plan provisions or revoke the medical waiver credit at any time.

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