

New Hire / Transfer Notice of Medical Election Period

I, John Doe , hereby certify and acknowledge that I am eligible to enroll in Cognizant's medical, dental and vision plans in connection with my employment by Cognizant in the United States. I understand that as a newly-eligible employee, I will only have 31 days from my date of hire in order to elect coverage during this coverage year. I understand that if I do not elect coverage during this time, I will not be able to elect coverage until the next annual open enrollment period unless I experience a "qualifying life event" as described below. I acknowledge that by failing to elect coverage, I will bear all financial risk associated with medical, dental and vision care expenses. Cognizant has provided me with an opportunity to make an election of coverage and I understand how to elect coverage if I so desire.

QUALIFYING LIFE EVENTS

You can make changes outside of open enrollment only if you have a qualifying change in status. Generally, changes must be on account of and correspond with the change in status. For the purposes of the Employer's plans, a qualifying change in status includes:

- · Marriage, divorce or legal separation when allowed under state law in the state in which you reside
- Death of your spouse
- A child's change in dependent status due to age, or return to or end of full-time student status
- Death of your child
- Loss of a dependent's dependent status under the Plan
- Court order in connection with divorce, legal separation, annulment or change in legal custody (including a qualified medical child support order) that requires coverage for the employee's child
- Your or your spouse's or dependent's gain or loss of other coverage as a result of a change in employment status or work schedule (including beginning or end of a leave of absence)
- Change in coverage under another employer's plan due to (1) a change in status under that plan or (2) a differing election period (these events will not allow a change under the Health Flexible Spending Account)
- Change in your dependent care provider
- Change in the cost of dependent care, if the provider is not your relative
- Change in your employment status resulting in a change in eligibility (e.g., change from full-time to part-time)
- Termination of employer contributions to your spouse's plan (this will not allow a change under the Health Flexible Spending Account)
- Expiration of COBRA coverage for yourself or a dependent
- Eligibility for Medicare or Medicaid

Note: To be eligible to change your benefits following a qualifying life change event, you must report the event and submit any necessary forms and documentation (as applicable) within 30 days after the event. The Plan Administrator reserves the right to determine whether you have experienced an event that would permit an election change and whether your requested election change is consistent with such event.

EMPLOYEE		
Signature:	* Date:	12/21/2010