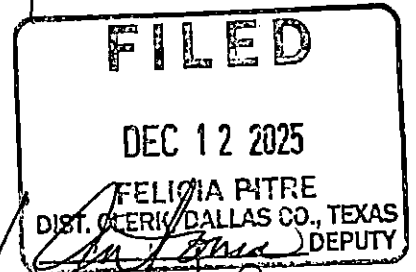


201.015

DF-24-18010

Court 302

Ulijasz vs. Mckemie



Emergency Motion

\* Emergency Motion Filing  
seeking immediate  
relief requiring medical  
access

UNDER SEAL

IN CAMERA REVIEW

Conceal till Ruling

IN THE MATTER OF  
THE MARRIAGE OF

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IN THE DISTRICT COURT

GWENDOLYN ULIJASZ  
&  
JASON MCKEMIE

302<sup>ND</sup> JUDICIAL DISTRICT

DALLAS COUNTY, TEXAS

SEALED EMERGENCY MOTION FOR  
REINSTATEMENT OF HEALTHCARE

*(Texas Family Code §201.015 — Filed Under Seal)*

TO THE HONORABLE JUDGE OF SAID COURT:

I. RESPONDENT RESPECTFULLY STATES:

- A. Respondent's dependent healthcare coverage through Petitioner's employer was cancelled without notice. Respondent is unable to access prescriptions or obtain necessary medical evaluation for an orthopedic injury and active medical conditions requiring care. (Cobra Continuation Coverage Election Form Attached as **Exhibit A**)
- B. Aetna has confirmed that dependent coverage may be reinstated the same day upon Petitioner's confirmation to the plan administrator. Respondent has no ability to reinstate coverage independently.
- C. Respondent's access to the HSA and FSA associated with the plan has been obstructed, preventing payment of co-pays and medical balances. Respondent is currently unable to access necessary medical care and faces irreparable harm without immediate reinstatement.
- D. Respondent currently requires medically necessary shoulder surgery to repair a torn rotator cuff, with associated impingement and nerve compression resulting in significant pain, loss of function, and progressive symptoms. Respondent's treating providers have recommended surgical intervention to prevent further deterioration and to restore function.
- E. Respondent has met the plan's out-of-pocket maximum for the current plan year, such that the recommended surgery may be performed without additional patient cost if completed before year-end. Delay into the next plan year would reset deductibles and out-of-pocket limits, resulting in substantial and avoidable financial harm and further delaying necessary care.

II. RESPONDENT REQUESTS ENTRY OF THE ATTACHED PROPOSED ORDER REQUIRING:

#### **A. REINSTATEMENT OF HEALTHCARE BENEFITS**

1. Immediate reinstatement of Respondent's dependent healthcare coverage.

#### **B. REINSTATEMENT OF HSA/FSA (COPAYS/PRESCRIPTIONS/DENTAL/VISION)**

2. Provision of HSA/FSA card information and login credentials necessary for Respondent to use the accounts, including card number, CVV, ZIP code, expiration date, receipt-submission website, and login credentials for receipt submissions.
3. Petitioner shall, immediately after providing the HSA card credentials, coordinate with Respondent by email for the sole purpose of enabling activation of the HSA card for immediate use. Petitioner shall provide Respondent with two specific 30-minute windows of availability during which she will promptly relay any one-time authentication code sent by the HSA administrator to her device, as such code is required for Respondent to register and activate the card for use, including Apple Pay activation. During this limited exchange, communications shall be restricted exclusively to Petitioner providing her two availability windows and transmitting the authentication code.
4. Petitioner shall reissue a new HSA/FSA card issued in Respondent's name, delivered within (21) business days.

#### **C. ENROLLMENT OF 2026 BENEFITS**

5. Petitioner shall enroll Respondent in the 2026 employer-sponsored healthcare plan that is the same plan type and benefit level as Respondent's current coverage, with equal or lower deductibles, equal or lower out-of-pocket maximums, the same or broader provider network, and the same or better prescription coverage. If the current plan is not offered for 2026, Petitioner shall select the plan option that provides benefits equal to or better than the current plan on all of these measures.
6. Funding of Respondent's 2026 HSA/FSA at levels equal to or greater than the 2025 funding elections.

#### **D. NON-INTERFERENCE DIRECTIVE**

7. A non-interference directive prohibiting obstruction of Respondent's access to healthcare, prescriptions, or HSA/FSA accounts.

#### **E. SWORN CONFIRMATION OF COMPLIANCE**

8. A sworn statement filed with the Court by 8pm CST on Friday, December 12, 2025, confirming compliance, which explains what occurred to cause the cancellation of respondent healthcare policy and what was done to reinstate it.

#### **F. COERCIVE ENFORCEMENT REMEDY**

9. If Petitioner fails to reinstate Respondent's dependent healthcare coverage or fails to provide or maintain the credentials required to access HSA and FSA funds **within twenty-four (24) hours of the signing of this Order**, an **automatic compliance judgment** shall enter in favor of Respondent in an amount equal to **two (2) weeks of Petitioner's total compensation** (including base salary, cash incentives, equity compensation, deferred compensation, and employer-provided remuneration of any kind).
10. The same automatic compliance judgment shall enter upon any subsequent act by **Petitioner that interferes with, restricts, disables, or obstructs Respondent's access to healthcare coverage, pharmacy benefits, medical services, or associated HSA or FSA accounts at any time through the date of trial.**
11. Any judgment triggered pursuant to this paragraph shall be satisfied by deposit of funds into joint account ending in XX6893 within **seventy-two (72) hours of the triggering act of noncompliance or interference.**
12. This financial provision constitutes a coercive enforcement remedy arising from post-order noncompliance and shall not be treated as a division of property, an advance against community assets, or an offset against Respondent's interest in the marital estate.

#### **G. REQUEST FOR HEARING**

13. Respondent additionally **requests that the Court set this matter for hearing** at the earliest available date to determine whether further sanctions, remedies, or corrective measures are necessary in light of the cancellation and the resulting medical and financial harm.

### **III. ADDITIONAL PROVISIONS**

#### **A. RESERVATION OF RIGHTS**

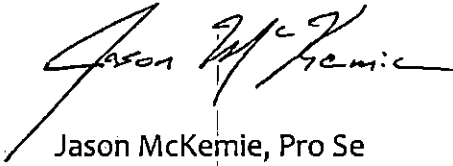
- *Nothing in this Motion or in the relief requested shall be construed as a waiver of Respondent's right to seek additional damages, remedies, sanctions, or relief relating to any medical, financial, or legal harm caused by the termination of his healthcare benefits or the obstruction of his access to the HSA and FSA. Respondent expressly reserves all rights to pursue further claims arising from the loss of coverage, denial of access to necessary medical care, and any related adverse consequences.*

#### **B. NON-OFFSET ENFORCEMENT PROVISION**

- *Any judgment or daily coercive fine imposed under this Order is an enforcement remedy and shall not be treated as a division of property, an advance against community assets, or an offset against Respondent's share of the marital estate. No amount awarded under these enforcement provisions shall reduce Respondent's community interest or Respondent's final property distribution.*

---

Respectfully submitted,



Jason McKemie, Pro Se  
539 W Commerce St #2010  
Dallas, TX 75208  
214.868.4901  
[jmckemie@jmckemie.net](mailto:jmckemie@jmckemie.net)

**DF-24-18010**

NO.

**NOTICE: CONTAINS SENSITIVE CONTENT**

IN THE MATTER OF  
THE MARRIAGE OF

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IN THE DISTRICT COURT

GWENDOLYN ULIJASZ  
&  
JASON MCKEMIE

302<sup>ND</sup> JUDICIAL DISTRICT

DALLAS COUNTY, TEXAS

---

(PROPOSED) ORDER ON  
**REINSTATEMENT OF HEALTHCARE COVERAGE**  
*(Texas Family Code §201.015 — Filed Under Seal)*

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**COBRA OPTION**

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On this day, the Court considered Respondent (Jason McKemie's) **Emergency Motion**. The Court finds that immediate relief is necessary to prevent medical harm.

**IT IS THEREFORE ORDERED THAT:**

**A. PRIMARY REINSTATEMENT OF HEALTHCARE BENEFITS**

1. **Petitioner shall immediately reinstate Respondent's dependent healthcare coverage, effective retroactive to the date of termination.**
2. Accordingly, Petitioner is **ORDERED** to either (a) complete reinstatement of Respondent's dependent healthcare coverage, or (b) elect to proceed with court-authorized interim COBRA continuation by (i) depositing the full amount required under this Order into joint account ending in **XX6893** and (ii) filing a notice of such election on eFile **within twenty-four (24) hours of the signing of this Order**,. Respondent shall be responsible for completing **COBRA enrollment and activation after account has been funded.**
3. For purposes of this Order, Petitioner's e-filed notice shall constitute sufficient notice to Respondent, and no direct communication between the parties shall be required.

**SEALED ORDER FOR REINSTATEMENT OF HEALTHCARE COVERAGE  
(COBRA OPTION)  
DF-24-18010**

1 of 6

**B. CONTINGENT INTERIM COBRA CONTINUATION (COURT-AUTHORIZED)**

- 4. The Court is informed that Respondent has been advised by Petitioner’s employer, Accenture, that any termination of dependent healthcare coverage resulting from administrative error may be reinstated the same business day by Petitioner with a telephone call to Human Resources.
- 5. If plan termination occurred for any other reason than administrative error, and Petitioner elects to reinstate Respondent’s Healthcare Access via COBRA continuation; the following provisions shall apply.

**C. REQUIRED UP-FRONT FUNDING (NON-PRORATED)**

- 6. **Within twenty-four (24) hours of the signing of this Order**, Petitioner shall either complete reinstatement of Respondent’s dependent healthcare coverage or, if Petitioner elects COBRA continuation in lieu of reinstatement, **deposit into joint account ending in XX6893** all funds necessary to fully support Respondent’s healthcare access through trial, including the following amounts:

**HSA / FSA FUNDING**

- 2025 Health Savings Account (HSA): \$5,959
- 2025 Limited Purpose FSA: \$3,000
- 2026 Health Savings Account (HSA): \$6,000
- 2026 Limited Purpose FSA: \$3,000

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**Subtotal (HSA/FSA): \$17,959**

\*\$41 credited to 2025 HSA for utilized funds.

- 7. **Petitioner shall further deposit the full cost of COBRA premiums, multiplied by four (4) months** (representing coverage through the current trial setting), for the following coverages:

- **Aetna HealthFund HDH:** \$609.23 / month
- **Aetna Dental PPO:** \$55.32 / month

• UHC Vision Plan: \$6.59 / month

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Monthly COBRA Total: \$671.14

Four (4) Months COBRA: \$2,684.56

8. All COBRA premiums and benefit-account funding shall be paid in full and in advance and shall not be prorated.
9. The total amount required to be deposited pursuant to this section is **\$20,643.56**, representing \$17,959 in HSA/FSA funding and \$2,684.56 in COBRA premiums (four months), subject to reconciliation of any verified overage as provided herein.

#### D. COBRA CONTINUATION THROUGH TRIAL

10. COBRA continuation shall be effective retroactive to the date of termination and shall continue uninterrupted unless and until reinstatement occurs or further order of the Court.
11. If trial is continued for any reason whatsoever, whether at the request of Petitioner or Respondent, Petitioner shall deposit all additional months of required COBRA premiums necessary to cover the extended period through the new trial date within seventy-two (72) hours of judicial signature on the continuance order.

#### E. ENFORCEMENT

15. Any failure to timely reinstate coverage, elect and fund COBRA continuation, maintain coverage, fund required HSA/FSA amounts, or any subsequent interference with Respondent's access to healthcare or associated accounts through the date of trial shall constitute noncompliance and shall be subject to the same enforcement remedies and penalties set forth elsewhere in this Order.

#### F. NO WAIVER

16. Nothing in this Order, including any interim continuation of benefits, shall be construed as an acknowledgment that a qualifying life event occurred, a concession regarding the propriety of any benefit termination, or a waiver of any rights, claims, or defenses related to Respondent's healthcare coverage.

**G. NON-ESTATE CLASSIFICATION**

17. All funds deposited pursuant to this Order constitute healthcare support and compliance funding only and shall not be treated as a division of property, advance against community assets, credit, offset, or allocation against Respondent's interest in the marital estate.



**H. NON-INTERFERENCE DIRECTIVE**

18. Petitioner is ORDERED not to interfere with, restrict, disable, or obstruct Respondent's access to healthcare coverage, prescriptions, medical services, or HSA/FSA accounts.

**I. SWORN CONFIRMATION OF COMPLIANCE**

19. Within twenty-four (24) hours of the signing of this Order, Petitioner shall file a sworn statement with the Court confirming compliance with this Order, identifying whether Respondent's healthcare coverage has been restored through Petitioner's employer or through court-authorized COBRA continuation, and confirming that Respondent's coverage is active and effective for scheduled medical appointments and prescription access commencing immediately.

The sworn statement shall further describe the steps taken to restore coverage, identify the benefits administrator through which coverage is active, and confirm compliance with all other directives contained in this Order.

**J. COERCIVE ENFORCEMENT REMEDY**

20. If Petitioner fails to reinstate Respondent's dependent healthcare coverage or fails to provide or maintain the credentials required to access HSA and FSA funds within twenty-four (24) hours of the signing of this Order, an automatic compliance judgment shall enter in favor of Respondent in an amount equal to two (2) weeks of Petitioner's total compensation, including base salary, cash incentives, equity compensation, deferred compensation, and employer-provided remuneration of any kind.
21. The same automatic compliance judgment shall enter upon any subsequent act by Petitioner that interferes with, restricts, disables, or obstructs Respondent's access to healthcare

coverage, pharmacy benefits, medical services, or associated HSA or FSA accounts at any time through the date of trial.

22. Any judgment triggered pursuant to this paragraph shall be satisfied by deposit of funds into joint account ending in XX6893 within seventy-two (72) hours of the triggering act of noncompliance or interference.
23. This financial provision constitutes a coercive enforcement remedy arising from post-order noncompliance and shall not be treated as a division of property, an advance against community assets, or an offset against Respondent's interest in the marital estate.

#### **K. HEARING**

24. **The Court shall set this matter for hearing at the earliest available date** to determine whether further sanctions, remedies, or corrective measures are necessary in light of the cancellation of Respondent's healthcare coverage and the resulting medical and financial harm.

#### **L. ANCILLARY BENEFITS**

25. To the extent reinstatable, Petitioner shall take all steps necessary to reinstate Respondent's participation in all ancillary employer-sponsored benefits in effect prior to termination, including but not limited to life insurance, accidental death and dismemberment (AD&D), and any employer-provided legal services.
26. To the extent any such ancillary benefit cannot be reinstated, Respondent expressly reserves the right to seek reimbursement, replacement coverage, or other appropriate relief, and nothing herein shall be construed as a waiver of such rights for lost 2025 and 2026 benefits.
27. Until such ancillary benefits are reinstated or replacement coverage is obtained, Petitioner shall bear financial responsibility for any loss, claim, or benefit that would have been payable under such coverage, through the date of divorce or further order of the Court.

#### **M. ADDITIONAL PROVISIONS**

**28. RESERVATION OF RIGHTS**

- *Nothing in this Order shall be construed as a waiver of Respondent's right to seek additional damages, remedies, sanctions, or relief relating to any medical, financial, or legal harm caused by the termination of healthcare benefits or obstruction of access to HSA and FSA accounts.*
- *Respondent expressly reserves all rights to pursue further claims arising from the loss of coverage, denial of access to necessary medical care, and any related adverse consequences.*

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**N. NON-OFFSET ENFORCEMENT PROVISION**

**29. Any judgment or coercive enforcement remedy imposed under this Order shall not be treated as a division of property, an advance against community assets, or an offset against Respondent's share of the marital estate.**

*\*\*No amount awarded pursuant to this Order shall reduce Respondent's community interest or Respondent's final property distribution.*

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**SIGNED AND ORDERED on this \_\_\_ day of \_\_\_\_\_, 2025.**

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**PRESIDING JUDGE  
DISTRICT 302**

NO. **DF-24-18010**

**NOTICE: CONTAINS SENSITIVE CONTENT**

IN THE MATTER OF  
THE MARRIAGE OF

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IN THE DISTRICT COURT

GWENDOLYN ULIJASZ  
&  
JASON MCKEMIE

**302<sup>ND</sup>** JUDICIAL DISTRICT

DALLAS COUNTY, TEXAS

---

**(PROPOSED) ORDER ON  
REINSTATEMENT OF HEALTHCARE COVERAGE**

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***(Texas Family Code §201.015 — Filed Under Seal)***

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On this day, the Court considered Respondent's (Jason McKemie) **Emergency Motion**. The Court finds immediate relief is necessary to prevent medical harm.

It is therefore **ORDERED**:

**IT IS THEREFORE ORDERED THAT:**

**A. REINSTATEMENT OF HEALTHCARE BENEFITS**

1. **Petitioner shall immediately reinstate Respondent's dependent healthcare coverage.**

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**B. REINSTATEMENT OF HSA/FSA (COPAYS / PRESCRIPTIONS / DENTAL / VISION)**

2. **Petitioner shall provide Respondent with all HSA/FSA card information and login credentials necessary to access and use the accounts, including card number, CVV, ZIP code, expiration date, receipt-submission website, and all login credentials required for receipt submissions.**
3. **Immediately after providing the HSA/FSA card credentials, Petitioner shall coordinate with Respondent by email for the sole purpose of enabling activation of the HSA card for immediate use.**

Petitioner shall provide Respondent with **two specific thirty-minute (30-minute) windows of availability**, during which she shall promptly relay any one-time authentication code sent by the HSA administrator to her device, as such code is required for Respondent to register and activate the card for use, including Apple Pay activation.

During this limited exchange, communications shall be **strictly limited** to Petitioner providing her two availability windows and transmitting the authentication code.

Failure to promptly provide this code via email or text within time period required repeatedly will

4. **Petitioner shall reissue a new HSA/FSA card issued in Respondent's name, which shall be delivered within twenty-one (21) business days.**

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#### **C. ENROLLMENT OF 2026 BENEFITS**

5. **Petitioner shall enroll Respondent in the 2026 employer-sponsored healthcare plan that is the same plan type and benefit level as Respondent's current coverage, with equal or lower deductibles, equal or lower out-of-pocket maximums, the same or broader provider network, and the same or better prescription coverage.**

If the current plan is not offered for 2026, Petitioner shall select the plan option that provides benefits **equal to or better than the current plan** on all such measures.

6. **Petitioner shall fund Respondent's 2026 HSA/FSA at levels equal to or greater than the 2025 funding elections.**



#### **D. NON-INTERFERENCE DIRECTIVE**

7. **Petitioner is ORDERED not to interfere with, restrict, disable, or obstruct Respondent's access to healthcare coverage, prescriptions, medical services, or HSA/FSA accounts.**

---

#### **E. SWORN CONFIRMATION OF COMPLIANCE**

8. **Within twenty-four (24) hours of the signing of this Order, Petitioner shall file a sworn statement with the Court confirming compliance with this Order, identifying whether Respondent's healthcare coverage has been restored through Petitioner's employer or through court-authorized COBRA continuation, and confirming that Respondent's coverage is active and effective for scheduled medical appointments and prescription access commencing immediately.**

The sworn statement shall further describe the steps taken to restore coverage, identify the benefits administrator through which coverage is active, and confirm compliance with all other directives contained in this Order.

---

#### **F. COERCIVE ENFORCEMENT REMEDY**

9. If Petitioner fails to reinstate Respondent's dependent healthcare coverage or fails to provide or maintain the credentials required to access HSA and FSA funds within twenty-four (24) hours of the signing of this Order, an automatic compliance judgment shall enter in favor of Respondent in an amount equal to two (2) weeks of Petitioner's total compensation, including base salary, cash incentives, equity compensation, deferred compensation, and employer-provided remuneration of any kind.
  10. The same automatic compliance judgment shall enter upon any subsequent act by Petitioner that interferes with, restricts, disables, or obstructs Respondent's access to healthcare coverage, pharmacy benefits, medical services, or associated HSA or FSA accounts at any time through the date of trial.
  11. Any judgment triggered pursuant to this paragraph shall be satisfied by deposit of funds into joint account ending in XX6893 within seventy-two (72) hours of the triggering act of noncompliance or interference.
  12. This financial provision constitutes a coercive enforcement remedy arising from post-order noncompliance and shall not be treated as a division of property, an advance against community assets, or an offset against Respondent's interest in the marital estate.
- 

#### **G. HEARING**

13. The Court shall set this matter for hearing at the earliest available date to determine whether further sanctions, remedies, or corrective measures are necessary in light of the cancellation of Respondent's healthcare coverage and the resulting medical and financial harm.
- 

#### **I. ANCILLARY BENEFITS**

14. To the extent reinstatable, Petitioner shall take all steps necessary to reinstate Respondent's participation in all ancillary employer-sponsored benefits in effect prior to termination, including but not limited to life insurance, accidental death and dismemberment (AD&D), and any employer-provided legal services.

15. To the extent any such ancillary benefit cannot be reinstated, Respondent expressly reserves the right to seek reimbursement, replacement coverage, or other appropriate relief, and nothing herein shall be construed as a waiver of such rights for lost 2025 and 2026 benefits.
16. Until such ancillary benefits are reinstated or replacement coverage is obtained, Petitioner shall bear financial responsibility for any loss, claim, or benefit that would have been payable under such coverage, through the date of divorce or further order of the Court.

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## H. ADDITIONAL PROVISIONS

### 17. RESERVATION OF RIGHTS

- *Nothing in this Order shall be construed as a waiver of Respondent's right to seek additional damages, remedies, sanctions, or relief relating to any medical, financial, or legal harm caused by the termination of healthcare benefits or obstruction of access to HSA and FSA accounts.*
- *Respondent expressly reserves all rights to pursue further claims arising from the loss of coverage, denial of access to necessary medical care, and any related adverse consequences.*

---

## I. NON-OFFSET ENFORCEMENT PROVISION

18. **Any judgment or coercive enforcement remedy imposed under this Order shall not be treated as a division of property, an advance against community assets, or an offset against Respondent's share of the marital estate.**

*\*\*No amount awarded pursuant to this Order shall reduce Respondent's community interest or Respondent's final property distribution.*

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SIGNED AND ORDERED on this \_\_\_ day of \_\_\_\_\_, 2025.

---

PRESIDING JUDGE  
DISTRICT 302

DO NOT MAIL CORRESPONDENCE OR PAYMENTS TO THIS ADDRESS

Accenture  
P.O. Box 3013  
Monroe WI 53566-3013



1020503 02 AB 0.64 \*\*AUTO T7 0 1231 75209-621909 -C01-P20523-I

Jason McKernie  
5609 La Foy Blvd  
Dallas TX 75209-6219

Notice Date: November 11, 2025

Prepared For: Jason McKernie and Family

Mail check(s) and correspondence  
to this address only:

Accenture (c/o Businessolver, Inc.)  
PO BOX 850512  
Minneapolis, MN 55485-0512

If you have any questions regarding your  
benefits or this notice, please login to  
[benefitscenter.accenture.com](https://benefitscenter.accenture.com)

## COBRA Continuation Coverage & Other Health Coverage Alternatives

You're getting this notice because you recently lost coverage under Accenture group health plan ("the Plan"). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. Please read the information in this notice very carefully before you make your decision.

This notice has important information about your right to continue your health care coverage under the Plan, as well as other health coverage options that may be available to you including coverage through the Health Insurance Marketplace. To sign up for Marketplace coverage, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325). **You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.** People in most states use [www.HealthCare.gov](http://www.HealthCare.gov) to apply for and enroll in health coverage; if your state has its own Marketplace platform, you can find contact information here: [www.HealthCare.gov/marketplace-in-your-state/](http://www.HealthCare.gov/marketplace-in-your-state/).

Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should enroll online at [benefitscenter.accenture.com](https://benefitscenter.accenture.com) or use the Election Form provided later in this notice.

### Enrolling in COBRA Continuation Coverage Online Is Easy & Secure

1. **Go to [benefitscenter.accenture.com](https://benefitscenter.accenture.com)** and log in with your username and password. If you don't know them, you may reset your username and password or Register as a first-time user. Your Company Key is **accenture**.
2. **Review and make your COBRA continuation coverage elections.** The online enrollment process makes it easy to select the coverage you're eligible for. Click "Start Here" to begin your enrollment.
3. **Choose the payment method you want.**
  - a. **Pay Online** – Provide your bank account information. You can set up automatic monthly payments and avoid the usual \$2.00 monthly convenience fee.
  - b. **Pay by Check** – Make your check payable to **Businessolver, Inc.**

### Deadline to Enroll in COBRA continuation coverage

Your elections must be completed  
and/or postmarked no later than

**01/11/2026**

Your active coverage ends on  
**10/31/2025**

If elected, COBRA continuation  
coverages will be effective on  
**11/01/2025**

*If you are electing COBRA continuation coverage as an active employee who did not lose all benefits due to your Qualifying Event, a retiree who is enrolled in retiree benefits with this employer, or a dependent electing COBRA continuation coverage, either as a result of a dependent qualifying event (such as divorce or child reaching maximum age) or the dependent of a former employee who is not also electing COBRA continuation coverage, you cannot enroll online. You will need to return the paper election form found in this package. Once enrolled, you will be able to login to [benefitscenter.accenture.com](https://benefitscenter.accenture.com) and create your online account.*

Coverage provided by Accenture to you and/or your covered dependent(s) ends on 10/31/2025 due to the following qualifying event: **Divorce**. You have the right to elect COBRA continuation coverage for a duration of up to 36 months.

Only members covered at the time of Qualifying Event are eligible for continuation. The following Qualified Beneficiaries are eligible to continue coverage under COBRA:

Jason McKernie

1231-01-01-1020503-0001-C042957

# COBRA Continuation Coverage Election Form

(FOR BSC USE ONLY: Accenture -- mm\_num:810685359)

Read the important information about your rights included in this packet before completing your Election Form below.

Your COBRA continuation coverage elections must be completed and/or postmarked no later than 01/11/2026.

Completing your enrollment online at [benefitscenter.accenture.com](https://benefitscenter.accenture.com) is the fastest and most secure way to ensure COBRA continuation coverage for you and your family. Elections received by mail can take up to 7-10 days from receipt to complete processing. To enroll by mail, complete this form and return to the COBRA Administrator at the address provided in the COBRA Continuation Coverage Election Instructions.

Please note, if you are electing COBRA continuation coverage as a dependent of a former employee who is not also electing COBRA or due to dependent qualifying event (such as a divorce or child reaching maximum age), you cannot enroll online. You will need to return the paper election form found in this package. Once enrolled, you will be able to login to [benefitscenter.accenture.com](https://benefitscenter.accenture.com) and create your online account.

## Get Notifications Regarding Your Coverage

Email communications are the fastest way to notify you if and when action is needed for your COBRA continuation coverage. Please provide your most up-to-date and preferred email address below to ensure you are receiving any applicable notifications regarding your benefits, such as payment alerts and reminders, enrollment reminders, Annual Enrollment notices, and alerts regarding account changes, timely.

You can update your contact preferences at any time online at [benefitscenter.accenture.com](https://benefitscenter.accenture.com).

## Preferred Email Address:

Only members covered at the time of Qualifying Event are eligible for continuation. The following Qualified Beneficiaries are eligible to continue coverage under COBRA:

Place an "X" By Qualified  
Beneficiary to be Covered:

Qualified Beneficiary  
Jason McKemie

Social Security Number  
XXX-XX-7823

I/We elect COBRA continuation coverage as indicated below:

Place an "X" by Your Coverage Selection:	Monthly Cost
Aetna HealthFund HDHP <input type="checkbox"/> Employee Only	\$609.23 /Monthly
Aetna Dental PPO Plan <input type="checkbox"/> Employee Only	\$55.32 /Monthly
UnitedHealthcare Vision Plan <input type="checkbox"/> Employee Only	\$6.59 /Monthly

NOTE: If you were enrolled in a Health Care Flexible Spending Account benefit on the day prior to your COBRA Qualifying Event and you do not see the FSA plan election option above, you may still be eligible to continue your Health Care Flexible Spending Account through COBRA continuation coverage. This COBRA continuation coverage will last through the end of the plan year in which your COBRA Qualifying Event occurred, and your monthly premium for Health Care FSA continuation will be equal to your annual election minus your year-to-date contributions, divided over the remaining months of the plan year.

To enroll in Health Care FSA, please contact your COBRA Administrator at 888-259-6059.

Eligible employees will be automatically enrolled in the Accenture Medical Travel Plan and the Employee Assistance Program (EAP) during the COBRA period and will not be required to pay a COBRA premium for these plans. Please refer to the Accenture Benefits Center website for more details.

1231-01-41-1020503-0004-0042954



# COBRA Continuation Coverage Election Instructions

Under federal law, you have 60 days from the date of original notice or the coverage termination date, whichever is later, to elect COBRA continuation coverage under the Plan.

## **Enrolling in COBRA Continuation Coverage Online Is Easy & Secure**

1. **Go to [benefitscenter.accenture.com](https://benefitscenter.accenture.com)** and log in with your username and password. If you don't know them, you may reset your username and password or **Register** as a first-time user. Your Company Key is **accenture**.
2. **Review and make your COBRA continuation coverage elections.** The online enrollment process makes it easy to select the coverage you're eligible for. Click "Start Here" to begin your enrollment.
3. **Choose the payment method you want.**
  - a. **Pay Online** – Provide your bank account information. You can set up automatic monthly payments and avoid the usual \$2.00 monthly convenience fee.
  - b. **Pay by Check** – Make your check payable to **Businessolver, Inc.**

**Deadline to Enroll in COBRA continuation coverage**

Your elections must be completed and/or postmarked no later than

**01/11/2026**

Your active coverage ends on **10/31/2025**

If elected, COBRA continuation coverages will be effective on **11/01/2025**

*If you are electing COBRA continuation coverage as an active employee who did not lose all benefits due to your Qualifying Event, a retiree who is enrolled in retiree benefits with this employer, or a dependent electing COBRA continuation coverage, either as a result of a dependent qualifying event (such as divorce or child reaching maximum age) or the dependent of a former employee who is not also electing COBRA continuation coverage, you cannot enroll online. You will need to return the paper election form found in this package. Once enrolled, you will be able to login to [benefitscenter.accenture.com](https://benefitscenter.accenture.com) and create your online account.*

If you choose to submit your completed Election Form by mail, it must be postmarked no later than **01/11/2026**.

Completing your enrollment online at [benefitscenter.accenture.com](https://benefitscenter.accenture.com) is the fastest and most secure way to ensure COBRA continuation coverage for you and your family. **Requests received by mail can take up to 7-10 days from receipt to complete processing.** For elections submitted by mail, send the completed form to:

Accenture (c/o Businessolver, Inc.)  
ATTN: COBRA Administration  
PO BOX 850512  
Minneapolis, MN 55485-0512

If you do not submit a completed Election Form or complete **your online enrollment** by the due date shown above, you will lose your right to elect COBRA continuation coverage. If you reject/waive COBRA continuation coverage before the due date, you may change your mind and revoke your rejection/waiver as long as you complete your enrollment online at [benefitscenter.accenture.com](https://benefitscenter.accenture.com) or submit a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

Your decision whether to elect COBRA continuation coverage will affect your future right to portability of group health coverage, guaranteed access to individual health coverage and special enrollment. Additional information about such rights is included in your Plan's summary plan description.

If you elect to continue coverage, and if you meet all other requirements explained on the enclosed document, your COBRA continuation coverage will begin on **11/01/2025**.

You must make your first payment for COBRA continuation coverage no later than 45 days after the postmark date of your election (this is the date your Election Form is mailed) or completion of **your online enrollment**. If you do not make your first payment for COBRA coverage in full within 45 days after the date of your election, you will lose all COBRA rights under the Plan.

**IMPORTANT: Your first payment must cover the cost of COBRA continuation coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month before the month in which you make your first payment.**

Subsequent payments are due on the 1<sup>st</sup> of the month. If you do not remit the full premium on a timely basis, your coverage may be terminated. Refer to the **IMPORTANT INFORMATION ABOUT PAYMENT** section for more information.



Choice POS II

ACCENTURE  
MEDICAL - HEALTHFUND

**ID W2903 70360**

PAYER NUMBER 60054 0048  
GRP: 867974-010-00004

**01 GWENDOLYN L ULIJASZ**  
PCP: NO ELECTION REQUIRED

**02 JASON E MCKEMIE**  
PCP: NO ELECTION REQUIRED

Aetna Life Insurance Company  
Submit Claims To: PO BOX 981106  
EL PASO TX 79998 1106



NAP

MEDICAL INDIVIDUAL Tier 1	FAMILY Tier 1
INN DED \$ 3600	\$ 3600
INN OOP MAX \$ 4800	\$ 9600
OON DED \$ 6000	\$ 6000
OON OOP MAX \$ 9000	\$ 18000

AETNA CONCIERGE	1-855-240-0835
PROVIDERS CALL/PRECERT	1-888-632-3862
WINFERTILITY SERVICES	1-844-447-1230
TALK TO A DOCTOR 24/7: OR TELADOC.COM/ACCENTURE	1-855-835-2362
MENTAL/BEHAVIORAL HEALTH	1-800-424-4047

*See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.*  
www.aetna.com

Feedback

**FSED-AERPC-Advance ER Park Cities**  
**Final Radiology Report**

24/7/365 assistance Call: 713.358.0623  
Online chat: <https://access.vrad.com>

<b>Patient Name:</b>	MCKEMIE, JASON	<b>MRN:</b>	AERPC_44953
<b>DOB (Age):</b>	4/8/1976 49	<b>Gender:</b>	M
<b>Date of Exam:</b>	11/26/2025	<b>Accession:</b>	AERPC25112609164151
<b>Referring Physician:</b>	KUTSEN, MICHAEL	<b># of Images:</b>	363
<b>Ordered As:</b>	CT SPINE CERVICAL WO		

**PROCEDURE INFORMATION:**

**Exam:** CT Cervical Spine Without Contrast

**Exam date and time:** 11/26/2025 2:56 AM

**Age:** 49 years old

**Clinical indication:** Neck pain; Additional info: Pain in neck and It shoulder blade area

**TECHNIQUE:**

**Imaging protocol:** Computed tomography of the cervical spine without contrast.

**Radiation optimization:** All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

**COMPARISON:**

DX Chest 2 View 11/26/2025 2:45 AM

**RADIATION DOSE METRICS:**

**CTDI volume (mGy):** 32.39

**Total DLP (mGy-cm):** 852.14

**FINDINGS:**

**Bones/joints:** There is straightening of the cervical spine. Vertebral body heights are maintained. No acute fracture is present.

**C2-C3:** No significant spinal canal stenosis or neural foraminal narrowing.

**C3-C4:** Endplate osteophytes are present. No significant spinal canal stenosis or neural foraminal narrowing.

**C4-C5:** Endplate osteophytes are present. No significant spinal canal stenosis or neural foraminal narrowing.

**C5-C6:** Disc space narrowing is present. Annular bulging and osteophytes are present. There is mild bilateral neural foraminal narrowing and mild spinal canal stenosis.

**C6-C7:** Endplate osteophytes are present. Annular bulging is present. There is mild bilateral neural foraminal narrowing and mild spinal canal stenosis.

**C7-T1:** No significant spinal canal stenosis or neural foraminal narrowing.

**Lungs:** Lung apices are normal.

**Soft tissues:** Unremarkable.

**IMPRESSION:**

1. No acute fracture or malalignment involving the cervical spine.
2. Straightening may be related to positioning or muscle spasm.
3. Mild spinal canal stenosis and mild bilateral neural foraminal narrowing at C5-C6 and C6-C7.

**Advance ER**  
 Advance ER  
 5201 West Lovers Lane  
 Dallas, TX  
 75209  
 214-238-6440

Jason Mckemie  
 PatID: 4495303 Age: 49  
 Acct#: 44953-3 DOB: 4/8/1976  
 Printed: 11/26/2025 3:45 AM  
 By: Michael Kutsen, MD

heart function.

Hypertension (HTN) medications: Keeping your blood pressure under control lowers your risk of stroke, heart attack, and further damage to your heart and kidneys.

Antibiotics for your foot infection: These are critical to treat the possible cellulitis and prevent the infection from spreading, which could lead to serious complications.

Your diagnoses include:

Lower extremity pedal edema (swelling)  
 Possible foot cellulitis (infection)  
 Cervical radiculopathy (nerve irritation in the neck)  
 Tinea pedis (athlete's foot)

Taking your medications as prescribed will help control swelling, fight infection, and protect your heart and overall health. Please do not skip doses, and contact your healthcare provider if you have any questions or side effects.

Your health and recovery depend on this.

#### FOLLOW UP

Follow up with William McCullough, MD, at 1151 N Buckner Blvd, Suite 301, Dallas, Phone: 214-321-3200 In 2-3 days. Call as soon as possible to arrange.

Evan Dittmar, MD

Family practice physician in Dallas, Texas

Address: 3417 Gaston Ave Ste 1000 & 1100, Dallas, TX 75246

Phone: (469) 800-9000

#### PRESCRIPTIONS WRITTEN

Continue regular medicines unless specified below. New medications by the physician will also be stated below.

Ibuprofen (Motrin) 400 mg Tablet, Dispense: 20, How To Use: Take one (1) tablet by mouth four (4) times a day with food as needed for pain, Refills: None (0)

#### INSTRUCTIONS

1. You have been given a medication that is considered a non-steroidal anti-inflammatory drug, or NSAID.
  - Some common NSAIDS include: Ibuprofen (Advil, Motrin), Naproxen (Naprosyn, Aleve), Celecoxib (Celebrex), and Rofecoxib (Vioxx). There are many others!
  - This medication is often used to relieve pain, reduce fever, and reduce inflammation.
  - These are common medications; some are over-the-counter and others require a prescription from your doctor.
  - DO NOT take this medication if you have stomach ulcers or are sensitive / allergic to it.
  - DO NOT take this medication if you are taking other over-the-counter non-steroidal anti-inflammatory drugs. Never take more of the medication than prescribed. Overdosing of medication may cause damage to your kidneys.
  - If you have side-effects that you think are caused by this medicine, tell your doctor. If you develop stomach pain, vomit blood, or have bowel movements that become black and tarry, discontinue the medication and notify your physician immediately.
  - This medication may upset your stomach. Always take medication with milk or meals.
2. Keep this medication out of the reach of children. Always keep this medication in child-proof containers. DO NOT give your medication to anyone else.
3. THESE INSTRUCTIONS ARE NOT COMPREHENSIVE (complete): Ask your pharmacist for additional information and precautions

**PATIENT COPY**



Advance ER  
5201 West Lovers Lane  
Dallas, TX  
75209  
214-238-6440

Jason Mckemie  
PatID: 4495303 Age: 49  
Acct#: 44953-3 DOB: 4/8/1976  
Printed: 11/26/2025 3:45 AM  
By: Michael Kutsen, MD

## After Care Instructions

### INSTRUCTIONS

#### CERVICAL RADICULOPATHY

1. You have been seen for a cervical radiculopathy.
2. Your spine has bones called "vertebrae." In between the bones there are soft cushions. These are called "disks." The disks keep the vertebrae from rubbing against each other. Inside of each disk is a thick, jelly-like substance called the "nucleus pulposus." Sometimes when the spine is injured, a disk is damaged and the nucleus pulposus leaks out of the disk. This is called a "disk herniation." As people age, the disks get brittle and delicate. If this happens, you might have a disk herniation. This is possible even if you don't remember getting injured.
3. Sometimes a herniated disk presses on a nerve in the spine. This causes pain near the herniated disk. Since you have symptoms in your neck and arm, the problem is in the cervical (neck) spine. Other problems can cause a radiculopathy (nerve pain), including a narrowed opening where the nerves come out.
4. Some symptoms of a cervical radiculopathy are:
  - Pain down one of your arms.
  - A burning feeling down your arm.
  - Numbness (pins and needles or loss of feeling) in your arm.
  - In serious cases, your arm may feel weak.
5. This problem is often treated with rest, physical therapy, and medication for the swelling and pain. If these treatments don't work, surgery may be needed. Sometimes taking steroids (like Prednisone) for a few days can help the pain.
6. We don't believe your condition is dangerous right now. However, you need to be careful. Sometimes a problem that seems small can get serious later. Therefore, it is very important for you to come back here or go to the nearest Emergency Department if you don't get better or your symptoms get worse.
7. You may have been referred to get an MRI of your spine or an EMG. These tests look at your problem more closely.
8. Follow up with your doctor or the referral doctor as soon as possible.
9. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:
  - You lose bowel or bladder control (you soil or wet yourself).
  - You feel weak or can't use your arm(s).
  - The medication doesn't help the pain.
  - You have a fever (temperature higher than 100.4°F or 38°C) or shaking chills.
  - You have serious pain over one bone (vertebra) in your neck.
10. If you can't follow up with your doctor, or if at any time you feel you need to be rechecked or seen again, come back here or go to the nearest emergency department.

#### LE EDEMA ETIOL UNCLEAR

1. You have been seen today for swelling of your leg(s).
2. Despite the doctor's evaluation, the cause of the swelling is unknown.
3. There are many possible causes for leg swelling. Below is a description of some of these causes:
  - Deep Venous Thrombus (DVT): This is a blood clot in one of the deep veins of your leg. Symptoms can include leg pain and swelling. The diagnosis is often made with a leg ultrasound which can detect a blockage in the veins.

**PATIENT COPY**



Advance ER  
5201 West Lovers Lane  
Dallas, TX  
75209  
214-238-6440

Jason Mckemie  
PatID: 4495303 Age: 49  
Acct#: 44953-3 DOB: 4/8/1976  
Printed: 11/26/2025 3:45 AM  
By: Michael Kutsen, MD

**PATIENT EXCUSE**

Jason Mckemie No lifting over 10 lb, no extreme exertion, no stooping to climbing ladders until: 12/14/25

A handwritten signature in black ink, appearing to read "Michael Kutsen", written over a horizontal line.

Michael Kutsen, MD

**FSED-AERPC-Advance ER Park Cities**  
**Final Radiology Report**

24/7/365 assistance Call: 713.358.0623  
Online chat: <https://access.vrad.com>

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<b>Patient Name:</b>	MCKEMIE, JASON	<b>MRN:</b>	AERPC_44953
<b>DOB (Age):</b>	4/8/1976 49	<b>Gender:</b>	M
<b>Date of Exam:</b>	11/26/2025	<b>Accession:</b>	AERPC25112608494951
<b>Referring Physician:</b>	KUTSEN, MICHAEL	<b># of Images:</b>	2
<b>Ordered As:</b>	CHEST 2 VIEW		

---

**PROCEDURE INFORMATION:**

**Exam:** XR Chest

**Exam date and time:** 11/26/2025 2:45 AM

**Age:** 49 years old

**Clinical indication:** Other: Lt shoulder pain and swelling in the legs

**TECHNIQUE:**

**Imaging protocol:** Radiologic exam of the chest.

**Views:** 2 views.

**COMPARISON:**

No relevant prior studies available.

**FINDINGS:**

**Lungs:** Unremarkable. No consolidation.

**Pleural spaces:** Unremarkable. No pleural effusion. No pneumothorax.

**Heart/Mediastinum:** Unremarkable. No cardiomegaly.

**Bones/joints:** Unremarkable.

**IMPRESSION:**

No acute findings.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Maneevese, Michelle, MD  
11/26/2025 3:19 AM Central Time (US & Canada)

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**CONFIDENTIALITY STATEMENT**

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<b>Patient Name:</b>	MCKEMIE, JASON	<b>MRN:</b>	AERPC_44953
<b>DOB (Age):</b>	4/8/1976 49	<b>Gender:</b>	M
<b>Date of Exam:</b>	11/26/2025	<b>Accession:</b>	AERPC25112609414751
<b>Referring Physician:</b>	KUTSEN, MICHAEL	<b># of Images:</b>	49
<b>Ordered As:</b>	US BLEVD		

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**PROCEDURE INFORMATION:**

**Exam:** US Duplex Lower Extremity Veins, Bilateral

**Exam date and time:** 11/26/2025 3:49 AM

**Age:** 49 years old

**Clinical indication:** HX of bilateral leg swelling.

**TECHNIQUE:**

**Imaging protocol:** Real-time duplex ultrasound of the bilateral extremities with 2-D gray scale, color Doppler flow and spectral waveform analysis including responses to compression and other maneuvers (when performed) with image documentation. Complete exam focused on the lower extremity veins.

**COMPARISON:**

US LLEVD 5/13/2025 6:36 AM

**FINDINGS:**

**Right deep veins:** Unremarkable. The common femoral, femoral, proximal profunda femoral and popliteal veins are patent without thrombus. Normal Doppler waveforms. Normal compressibility and/or augmentation response.

**Left deep veins:** Unremarkable. The common femoral, femoral, proximal profunda femoral and popliteal veins are patent without thrombus. Normal Doppler waveforms. Normal compressibility and/or augmentation response.

**Superficial veins:** Greater saphenous veins at the saphenofemoral junctions are patent bilaterally without thrombus.

**Soft tissues:** Lower extremity edema.

**IMPRESSION:**

No evidence of deep vein thrombosis.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Maneevese, Michelle, MD  
11/26/2025 3:50 AM Central Time (US & Canada)

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