

Insurance Waiver Form

To:

From: Hope Mathis, Senior Accountant

Date:

Subject: Insurance Waiver

As a town employee, you are entitled to benefits under the town's group health insurance. Benefits are provided by Anthem Blue Cross Blue Shield. You have the option of choosing medical and/ or dental insurance and co-paying according to your union contract or the Personnel Rules. Depending on your contract, you may be eligible to receive compensation in lieu of coverage.

This election is non-revocable on your part for a minimum of two (2) years unless an emergency or qualifying event takes place. You may not revoke this election any earlier than _____.

Please return this form to Hope Mathis in the Payroll office once you have made a selection from below.

_____ I decline to enroll or rescind my enrollment in the Town's Group Health/Medical insurance plan.

_____ I decline to enroll or rescind my enrollment in the Town's Group Dental plan.

Date

Employee

Date

Spouse

Please attach proof of other insurance for all eligible family members.