

Waiver of Insurance Coverage

This form must be completed in accordance with Massachusetts General Laws Chapter 32B. It must be returned to the Payroll office in Town Hall. Completing this form does not mean that you are waiving your rights to coverage permanently- it simply means that you do not wish specific coverage at this time. You have the right to change this form during your first thirty days of employment, at the annual open enrollment, or if you have a qualifying event.

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

DEPARTMENT _____ START DATE _____

Unless you choose otherwise, benefit premiums are deducted from your paycheck on a pre-tax basis.

At this time, I choose to waive the following benefits for myself and any qualified dependents/beneficiaries:

(Please check those benefits that you **ARE NOT** enrolling in)

_____ BCBS Health Insurance

_____ BCBS Dental Insurance

_____ Boston Mutual Basic Life Insurance

_____ Boston Mutual Voluntary Life Insurance

_____ Flexible Spending Plan

Signature: _____ Date: _____