



WAIVER OF HEALTH INSURANCE COVERAGE

I have been informed of my eligibility to enroll in the Town of Dedham’s health insurance program.

I am declining health insurance coverage for my dependents (if applicable) and myself.

I have read the Special Enrollment Rules below.

I have been provided with a copy of the Special Enrollment Rules.

Employee Signature

Date

I elect to participate in the Opt-Out Program and have read the rules below.

Employee Signature

Date

Employee’s Name, printed clearly: _____

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Special Enrollment Rules - you must provide loss of coverage documentation

If you are declining enrollment for yourself, spouse and/or dependents because of other health insurance coverage and that coverage ends, you can enroll yourself, spouse and dependents in one of the Town of Dedham’s health insurance plans provided that you enroll **within 30 days** from the date your other coverage ends. If you do not enroll within this 30 day timeframe you will become eligible again during the Town’s annual open enrollment which is in April and has an effective date of July 1.

Opt-Out Program Rules - you must provide verification of alternate health insurance coverage

New hires are eligible to participate in the program upon hire. Existing employees are eligible to participate in the program provided they have been enrolled in one of the health insurance plans offered through the Town for a minimum of two years.

The Opt-Out Program will pay \$2,000 for individual coverage, \$4,000 for family coverage. Payments are made quarterly, subject to taxes and usual withholdings for each year the employee waives health insurance coverage. In the event the employee loses coverage elsewhere and needs to re-enroll in the Town’s health insurance, they must reimburse the Town for any Opt-Out payments for that year’s coverage.

If you are covered by a spouse also working for the Town of Dedham and are covered by the Town’s health insurance, you are ineligible for this program.