INSURANCE OPT OUT FORM

FY2015

Eligibility: Active employees are eligible for the "Opt-Out" program when they are no longer covered by the Town's health insurance <u>and</u> have had Town health insurance for 2 continuous calendar years.

Employee Name		Check One:	
		☐ Town Employee	
		☐ School Employee	
Denostrat		D School Employee	
Department			
Employee Address (Street, City, ST.	, Zip)		
F 1 N			
Employer Name	Health Plan:	Health Plan Type: ☐ Individual ☐ Fami	157
Town of Westborough		individual in Fallin	1y
Employees must provide the follo	owing information:		
Employees must provide the folio	owing information.		
Mambarahin Transacti	on Form (to songol in	ouranaa)	
Membership Transacti			
You do not need trans		ing effective //1/2014	
Proof of new insurance			
		it benefit in a lump sum at the end of	
fiscal year. The Town will pay \$1	1,500 stipend per year	for employees opting out of individu	al
		employees opting out of family health	
insurance plans.	1 1 7		
1			
If there is a qualifying event in w	hich an employee cho	oses to opt out of the Town's health	
1 .	men an employee en	oses to opt out of the Town's neutin	
incurance the town will now a nr	orated ant out banefit	*	a ficcal
	-	based on the number of months in the	e fiscal
year in which the employee opted	-	based on the number of months in the	e fiscal
year in which the employee opted	d out of the Town's he	based on the number of months in the ealth insurance.	
year in which the employee opted If there is a qualifying event in w	d out of the Town's he	based on the number of months in the ealth insurance. To has opted-out needs to opt back ont	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa	d out of the Town's he which an employee whay a prorated opt-out b	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month	o the
year in which the employee opted If there is a qualifying event in w	d out of the Town's he which an employee whay a prorated opt-out b	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa	d out of the Town's he which an employee whay a prorated opt-out b	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To	d out of the Town's he which an employee whay a prorated opt-out bown's health insurance	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To Please submit form t	d out of the Town's he which an employee what ay a prorated opt-out bown's health insurance o: Assistant Town Ma	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month each. The state of the number of month each of the number of months and the number of months in the ealth insurance.	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To Please submit form t	d out of the Town's he which an employee what ay a prorated opt-out bown's health insurance o: Assistant Town Ma	based on the number of months in the ealth insurance. To has opted-out needs to opt back ont benefit based on the number of month e.	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To Please submit form t	d out of the Town's he which an employee what ay a prorated opt-out bown's health insurance o: Assistant Town Ma bugh, 34 West Main S	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month ec. The suranger/Human Resources Director treet, Westborough, MA 01581	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To Please submit form t	d out of the Town's he which an employee what ay a prorated opt-out bown's health insurance o: Assistant Town Ma	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month ec. The suranger/Human Resources Director treet, Westborough, MA 01581	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To Please submit form t	d out of the Town's he which an employee what ay a prorated opt-out bown's health insurance o: Assistant Town Ma bugh, 34 West Main S	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month ec. The suranger/Human Resources Director treet, Westborough, MA 01581	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To Please submit form t	d out of the Town's he which an employee what ay a prorated opt-out bown's health insurance o: Assistant Town Ma bugh, 34 West Main S	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month ec. The suranger/Human Resources Director treet, Westborough, MA 01581	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To Please submit form t Town of Westbord	d out of the Town's he which an employee what ay a prorated opt-out bown's health insurance o: Assistant Town Ma bugh, 34 West Main S	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month ec. The suranger/Human Resources Director treet, Westborough, MA 01581	o the
year in which the employee opted If there is a qualifying event in w Town insurance, the town will pa employee had opted out of the To Please submit form t Town of Westbord	d out of the Town's he which an employee whay a prorated opt-out bown's health insurance: Assistant Town Manugh, 34 West Main Sough, 34 West Main Sough	based on the number of months in the ealth insurance. To has opted-out needs to opt back onto benefit based on the number of month ec. The suranger/Human Resources Director treet, Westborough, MA 01581	o the

Amount Due \$