

# 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 and have had Town health insurance for 2 continuous calendar years.

Employee Name	Check One: <input type="checkbox"/> Town Employee <input type="checkbox"/> School Employee	
Department		
Employee Address (Street, City, ST, Zip)		
Employer Name <b>Town of Westborough</b>	Health Plan:	Health Plan Type: <input type="checkbox"/> Individual <input type="checkbox"/> Family

Employees must provide the following information:

- \_\_\_ Membership Transaction Form (to cancel insurance)  
***You do not need transaction form if cancelling effective 7/1/2014***
- \_\_\_ Proof of new insurance

**Payment Information:** The Town will pay the Opt-Out benefit in a lump sum at the end of the fiscal year. The Town will pay \$1,500 stipend per year for employees opting out of individual health insurance plans and \$4,000 stipend per year for employees opting out of family health insurance plans.

If there is a qualifying event in which an employee chooses to opt out of the Town’s health insurance, the town will pay a prorated opt-out benefit based on the number of months in the fiscal year in which the employee opted out of the Town’s health insurance.

If there is a qualifying event in which an employee who has opted-out needs to opt back onto the Town insurance, the town will pay a prorated opt-out benefit based on the number of months the employee had opted out of the Town’s health insurance.

Please submit form to: Assistant Town Manager/Human Resources Director  
Town of Westborough, 34 West Main Street, Westborough, MA 01581

**INTERNAL USE ONLY:**

\_\_\_\_\_  
Assistant Town Manager/HR Director

\_\_\_\_\_  
Original Enrollment Date

\_\_\_\_\_  
Effective Date of Coverage Termination

Amount Due \$ \_\_\_\_\_