

**TOWN OF NEEDHAM
EMPLOYEE HEALTH INSURANCE WAIVER FORM**

Please fill in the appropriate blank spaces. This form must be accompanied by a Commonwealth of MA Health Insurance Responsibility Disclosure Form (HIRD) and insurance plan's applicable dis-enrollment form.

Employee Name:		Department:	
Present Town-Sponsored Insurance		Alternative Insurance	
Plan Name:		Primary Policy Holder:	
		Entity provided by:	
Coverage Type: <i>Family / Individual</i>		Insurance Carrier:	
		Plan Number:	
Date of Voluntary Termination:		Coverage Type:	
		Effective Date:	

I, _____, hereby elect an annual monetary allowance of \$2,000 for an individual plan / \$4,000 for a family plan in lieu of Town-sponsored group health benefits.

I certify that insurance coverage is in force elsewhere as of the effective date above, for losses in regard to medical conditions for me and my dependents, if any. Additionally, I have completed and submitted the Commonwealth of Massachusetts Employee Health Insurance Responsibility Disclosure (HIRD) Form.

I hereby acknowledge that I am only eligible to re-enroll in the Town's health insurance plans during the Annual Open Enrollment Period or for a qualifying event. To reenroll, I must complete the required paperwork during the Open Enrollment period or, for a qualifying event, notify my Human Resources Department and complete the re-enrollment process within thirty (30) days of the date of involuntary loss of coverage.

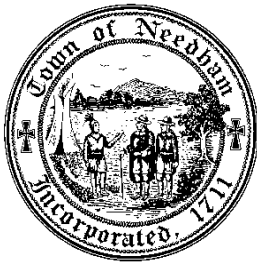
I understand all the terms of the Opt-out Program as stipulated in Board of Selectmen Policy PERS-003: Contributory Insurance Rules and Regulations.

Employee signature: _____ **Date:** _____

Internal Use Only

Director of Human Resources/designee signature: _____ Date: _____

- Insurance Company Disenrollment Form
- HIRD Form
- Original Enrollment Date: _____
- Amount Due: _____
- Payroll frequency: _____



TOWN OF NEEDHAM

NORFOLK COUNTY MASSACHUSETTS

Human Resources Department

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NOTICE OF NEW HEALTH INSURANCE OPT OUT PROGRAM

Beginning in FY2018, the Town of Needham will implement a Health Insurance Opt-Out Incentive Program. The program will allow eligible employees to opt out of their participation in the Town's health insurance program in return for a fixed payment. Program highlights and eligibility requirements are set forth below.

- Active employees who are currently enrolled and have been covered as the insured under the Town's health insurance program for twenty-four (24) consecutive months may opt-out of Town coverage.
- Employees choosing to opt-out of the Town's health insurance plan must sign and submit the Opt-out Form provided by the Town, certifying that the insured and any eligible spouse and dependent(s) have enrolled in a health insurance plan elsewhere.
- Employees may enroll in the Opt-Out Incentive Program **at any time through the current sunset date of June 30, 2019** as long as they certify in writing that they will be receiving health insurance elsewhere as of the effective date specified. Employees may not retroactively opt-out of Town coverage.
- Employees who opt-out of Town coverage will be paid the amount of \$2,000 per full fiscal year for an individual plan and \$4,000 per full fiscal year for a family plan.
- The Incentive amount will be pro-rated if an employee opts-out or re-enrolls in the Town's health insurance program during the plan year.
- The Opt-Out Incentive will be paid via the employee's normal payroll cycle, less any required withholdings. The amount of the incentive payment will be divided equally over the plan year, which runs from July 1 to June 30. The Opt-Out Incentive payment will not be added to the base pay for employees, will not be used in the computation of overtime, and will not be subject to retirement withholding.
- Any employee who has opted-out of the Town's health insurance plan may re-enroll during the annual open-enrollment period, or within 30 days of a documented qualifying event, and the Opt-Out Incentive payment will cease.
- Employees who change from a family to an individual plan or vice versa will not be eligible for participation in this program. Employees who switch coverage to a spouse or parent who is also employed by or retired from the Town will not be eligible for participation in this program.
- The Opt-Out Incentive program will sunset on June 30, 2019 unless the Board of Selectmen votes to reauthorize the program.

If you have any questions or would like to enroll in the Opt-out Incentive Program, please contact Chuck Murphy-Romboletti, Assistant Director of Human Resources at x295 or cmurphy-romboletti@needhamma.gov.