



The Town of Wellesley is offering an option to opt-out of the contribution towards the options of hospital indemnity / accident insurance and dental insurance. Please read this form carefully. It is important that you understand all of the terms and conditions before submitting an application.

Current subscribers to the Town's health insurance may receive \$300 per plan year for opting out of the Town's dental contribution and/or \$300 per plan year for opting out of the Town's contribution towards hospital indemnity / accident insurance.

To qualify for this program, you must currently be enrolled in a health insurance plan, or have the option to enroll in a health insurance plan as a benefit eligible employee due to recently being hired by the Town of Wellesley.

Employee/Insured Name (First, MI, Last)

Social Security #

Street Address

City

State

Zip

Phone

Health Insurance Provider:	<input type="checkbox"/> Blue Cross Blue Shield	<input type="checkbox"/> Tufts	<input type="checkbox"/> Harvard Pilgrim
Dental Opt-Out (\$300):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hospital Indemnity/Accident Opt-Out (\$300):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I hereby elect a monetary allowance in lieu of a Town of Wellesley sponsored dental and/or hospital indemnity/accident insurance.

I certify that I am currently enrolled in a health insurance plan through the Town of Wellesley.

I understand that these payments may be considered income, may have tax implications and that I should consult a tax professional for more information.

I acknowledge that the Town of Wellesley is not responsible for any expenses incurred after my insurance termination date for my dependents or myself.

I certify that there is no outstanding court order or agreement requiring me to provide insurance coverage for my spouse, ex-spouse or dependent children.

I hereby acknowledge that I have been advised of my right to enroll in insurance coverage through the Town of Wellesley. Having been so advised, I do hereby waive my right to the Town's contribution to coverage through the Town and I authorize the Town to cancel my existing additional insurance coverage.

Please return all applications to Human Resources, Town Hall, 525 Washington Street, Wellesley, MA 02482.

Printed Name

Signature

Date

Additional Insurances Cashout:

- i. The town shall remit a payment of \$300 to any health insurance subscriber who elects not to subscribe to a town dental plan, regardless of plan design or election. This payment shall be disbursed no later than July 1st.
- ii. The town shall remit a payment of \$300 to any health insurance subscriber who elects not to subscribe to both hospital indemnity and accident insurance, regardless of plan design or election. This payment shall be disbursed no later than July 1st.
- iii. Newly hired employees and other subscribers subject to a qualifying event prior to March 1st who do not take such elections described in this article shall be eligible for the full amount of the cashout.