



Gateway to the Blackstone Valley
TOWN COLLECTOR/TREASURER

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Denise Marlborough Treasurer/Collector, CMMT/CMMC

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The Town of Millbury is offering a health insurance opt-out program for all eligible active employee subscribers currently enrolled in the Town's health insurance for the prior fiscal year. Please read this form carefully. It is important that you understand all of the terms and conditions before submitting an application.

Subscribers who are eligible and participate in the opt-out program will receive \$1,000.00 per year for individual plan or \$2500.00 per plan year for a family plan if they no longer take health insurance through the Town.

To qualify for this program, you must meet the following requirements:

1. Currently be enrolled in a health insurance plan through the Town of Millbury for at least one fiscal year immediately preceding the requested date of cancellation.
2. Maintain creditable health insurance coverage through a plan not offered by the Town of Millbury.

Employee/Insured name (First, MI, Last)

Street Address

City State Zip Phone#

Requested effective date: ____/____/____ this is the date your current insurance will be cancelled)

Type of Plan: ____ Individual ____ Family

I hereby elect a monetary allowance in lieu of a Town of Millbury sponsored group health plan. I understand that the allowance will be paid in June of each year. For example, a participant who cancels their insurance for July 1 will be eligible for 100% of the opt-out amount the following June. A participant who cancels their insurance for October 1 will be eligible for 75% of the opt-out amount the following June. This payment shall not be considered part of the base pay.

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 certify that I have been enrolled in a health insurance plan through the Town of Millbury for at least one fiscal year immediately preceding my requested cancellation date.

Where an employee's spouse has a different open enrollment period, the employee can waive their group health insurance coverage during their spouse's open enrollment. Payment will be a pro-rated amount of the incentive at end of the plan year. Subsequent annual payments will be made at the end of each plan year.

I understand that I may cancel this election and reenroll in a Town of Millbury's health insurance plan only:
During annual enrollment periods; or After involuntary loss of my other coverage through no fault of my own; or

Through an accepted qualifying event, such as a change in family circumstance such as marriage, divorce, birth of a child, or end of spouse's employment; or

Other circumstances as determined by the Town of Millbury.

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

I certify that I have creditable health insurance for me and/or dependents from a plan sponsor other than the Town of Millbury.

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

I understand that this program may end on June 30, _____ of the last year of the applicable collective bargaining agreement. No allowances shall be paid for participating in this program after that date unless renewed by a successor agreement>

I hereby acknowledge that I have been advised of my rights to enroll in health insurance through the Town of Millbury. Having been so advised, I do hereby waive my right to health insurance coverage through the Town of Millbury and I authorize the Town to cancel my existing health insurance coverage effective on the date listed above.

Signature

Date

Witness