



TOWN OF SWAMPSCOTT

HUMAN RESOURCES DEPARTMENT

ELIHU THOMSON ADMINISTRATION BUILDING
22 MONUMENT AVENUE, SWAMPSCOTT, MA 01907

WAIVER OF TOWN INSURANCES

As an employee of the Town of Swampscott, I _____ confirm that I have been advised of my eligibility for Health, Dental, and Vision Insurance for myself and my dependents. I have been offered this coverage during my new hire eligibility period.

By my signature below, I am confirming that I have elected to waive my enrollment in one or more of the Town's insurance plans effective this date.

I understand this waiver is a declination of my benefit enrollment and that I may only enroll in the Town's plans during a subsequent "Open Enrollment" period as designated by the Town of Swampscott unless I experience a "Qualifying Event" which may change my eligibility.

Please initial the plans refused:

Health Insurance _____

Dental Insurance _____

Vision Insurance _____

Printed Name

Signature

Date