

RETIREE REQUEST TO DECLINE INSURANCE COVERAGE

Please select:

New Retirees:

- () "I do not wish to continue or enroll in the town's group health insurance program at the time of my retirement, which will be effective on _____, because I have other coverage. **I understand that current town policy allows for a one time opportunity to enroll in the town's group health plan at the time of retirement, and that I may not enroll in the town's group insurance program at a later time if I don't enroll now. "**
- () "I do not wish to continue or enroll in the town's group life insurance program at the time of my retirement, which will be effective on _____, because I have other coverage. **I understand that current town policy allows for a one time opportunity to enroll in the town's group life insurance plan at the time of retirement, and that I may not enroll in the town's group life program at a later time if I don't enroll now. "**

For Retirees who wish to cancel coverage:

- () "I wish to terminate my group health insurance coverage with _____ effective on _____ because I have other coverage. **I understand that current town policy will not allow me to re-enroll at a later date for any reason if I terminate my coverage.**
- () "I wish to terminate my group life insurance coverage with Boston Mutual effective on _____. **I understand that current town policy will not allow me to re-enroll at a later date for any reason if I terminate my coverage.**

Signature of Retiree

Date

Print Name

Position at Retirement