

Town of Duxbury, Massachusetts



PRINT NAME _____

STATEMENT OF INTENT TO DECLINE HEALTH INSURANCE

I do not wish to enroll in the Town's health insurance plan at this time and I am aware that the next annual enrollment period is typically May 1-31 for coverage that will become effective July 1.

Signature: _____

Date _____

STATEMENT OF INTENT TO DECLINE LIFE INSURANCE

I do not wish to enroll in the Town's basic, optional or universal (circle all that apply) life insurance plan at this time, I am aware that the next annual enrollment period is typically May 1-31 for coverage that will become July 1, and as part of the enrollment process I must furnish a statement regarding health history and may subject to a physical exam before being accepted for this coverage (exam will be done at my own expense) and subject to a pre-existing condition clause.

Signature: _____

Date _____

STATEMENT OF INTENT TO DECLINE DENTAL INSURANCE

I do not wish to enroll the Town's dental insurance plan at this time and I am aware that the next annual enrollment period is typically May 1-31 for coverage that will become effective July 1.

Signature: _____

Date _____

STATEMENT OF INTENT TO DECLINE VISION INSURANCE

I do not wish to enroll the Town's vision insurance plan at this time and I am aware that the next annual enrollment period is typically May 1-31 for coverage that will become effective July 1

Signature: _____

Date _____

STATEMENT OF INTENT TO DECLINE SHORT OR LONG TERM DISABILITY INSURANCE

I do not wish to enroll in the Town's in short term or long term (circle one or both) disability insurance at this time, I am aware that the next annual enrollment period is typically May 1-31 for coverage that will become effective July 1, and as part of that enrollment I will need to provide a statement regarding health history, may be subject to a physical exam at my own expense and subject to a pre-existing condition clause.

Signature: _____

Date _____

STATEMENT OF INTENT TO DECLINE CANCER, ACCIDENT OR CRITICAL ILLNESS INSURANCE

I do not wish to enroll in the Town's cancer, accident or critical illness (circle all that apply) insurance plan at this time, I am aware that the next annual enrollment period is typically May 1-31 for coverage that will become effective July 1, and as part of that enrollment process I must furnish a statement regarding health history and may be subject to a physical exam at my own expense and subject to a pre-existing condition clause.

Signature: _____

Date _____