



TOWN OF NEEDHAM DECLINATION OF INSURANCE

You are completing this form because you have declined to participate in one or more employer sponsored benefits plans available to you, which include those that are part of the employer’s “Section 125 Cafeteria Plan” pre-tax purchasing arrangement. A Section 125 Plan is not health insurance; it is a way to purchase health insurance on a pre-tax basis. For information about affordable health insurance options, visit the Commonwealth Connector at www.mahealthconnector.org.

EMPLOYEE NAME:		DEPARTMENT:	
DATE OF HIRE:			
I have been offered the opportunity to participate in the insurance benefit plans made available to me through my employer, the Town of Needham. These plans have been explained to me and <u>I wish NOT to enroll</u> in the following plans at this time:			
Benefit	Acknowledgement	Decline	
“Section 125 Cafeteria Plan” Pre-Tax Benefits			
Health Insurance <i>(and associated Health Savings Accounts if qualified)</i>	I understand that I have the opportunity to enroll in pre-tax Health Insurance at Open Enrollment each year (effective July 1st) or with a Qualifying Event off anniversary. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment, that I may forfeit all or a portion of my Massachusetts personal tax exemption and be subject to other penalties pursuant to M.G.L c. 111M, that the Employee Health Insurance Responsibility Disclosure (HIRD) Form contains information that must be reported in my Massachusetts tax return, and that I am required to maintain a copy of the signed HIRD Form.	<input type="checkbox"/>	
Dental Insurance	I understand that I have the opportunity to enroll in pre-tax Dental Insurance at Open Enrollment each year (effective July 1st) or with a Qualifying Event off anniversary	<input type="checkbox"/>	
Flexible Spending Account <i>(Medical and Dependent Care)</i>	I understand that I have the opportunity to enroll in pre-tax Flex Spending at Open Enrollment each year (effective July 1st) or with a Qualifying Event off anniversary and must submit forms to re-enroll each year (no automatic annual re-enrollment)	<input type="checkbox"/>	
Life Insurance <i>(Basic and Voluntary)</i>	I understand that <u>I will NOT be guaranteed another opportunity to enroll</u> in pre-tax Life Insurance again as an employee, other than upon hire.	<input type="checkbox"/>	
Permanent Life and Accident Insurance	I understand that I have the opportunity to enroll in pre-tax Permanent Life and Accident Insurance at Open Enrollment each year (effective July 1st) or with a Qualifying Event off anniversary.	<input type="checkbox"/>	
Post-Tax Benefits			
Voluntary Supplemental Benefits	I understand that I have the opportunity to enroll in certain supplemental post-tax benefits, such as those provided by Aflac, at any time throughout the year.	<input type="checkbox"/>	

Employee Signature: _____ Date: _____