

Request to Decline Health Insurance Coverage

NOTICE: HIPAA SPECIAL ENROLLMENT RULES

If you are declining enrollment in the town's health insurance program for yourself and your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

"I have been informed of my eligibility to enroll in the Town of East Longmeadow's health insurance program. I am declining health insurance coverage for myself and my dependents (if applicable). I have read the Special Enrollment Rules described above and I have been provided with a copy of the Special Enrollment Rules."

HEALTH INSURANCE

The dollar amount of the employee's portion of the monthly premium cost of the least expensive individual health plan offered by the Town of East Longmeadow for FY 2021 is **\$206.10**

- () *"I do not wish to enroll in the Town's group health insurance program at this time because I have other coverage."*
- () *"Please discontinue my group health insurance coverage provided by the Town effective _____".*

EMPLOYEE AFFIDAVIT

I hereby affirm, under the penalties of perjury, that all the information provided herein is true to the best of my knowledge. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment and that I may incur tax penalties on the State and Federal levels.

Signature of Employee

Date

Name

Position