



CITY OF CHELSEA, MA
Human Resources Department

City Hall, 500 Broadway, Room 301 · Chelsea, MA 02150

Phone: 617.466.4170 · Fax: 617.466.4175

Health Care Coverage Waiver Form

On behalf of myself and my eligible dependents (if any), I waive the option to enroll in the City of Chelsea's (the "City") health care plans offered at this time for the following reasons:

- ☐ I am covered under another group plan as a spouse or dependent
- ☐ I am covered under another group plan sponsored by a second employer
- ☐ I am covered by the MassHealth, Medicare, or Veterans Program
- ☐ I am covered through a non-group, individual or private health care plan not offered through my employer
- ☐ I do not wish to participate in health care benefits at this time
(I am declining health insurance entirely)

If you have coverage elsewhere, please provide the following information:

Carrier Name: _____

Subscriber Name: _____

I affirm that the information I have provided on this form is true and complete to the best of my knowledge and belief. I understand that the City may either refuse to renew coverage or terminate coverage, retroactive to the effective date, for any material misinformation (including omissions) contained in this form. I understand that choosing to enroll at a time other than during the City's open enrollment, I must meet the requirements for eligibility of a Qualifying Event.

Print Name

Department

Signature

Date

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the City's health plan in the future, provided that you request enrollment within thirty (30) days of the qualifying event.

Qualifying Events:

A qualifying event includes, but is not limited to, change in marital status; birth, adoption or legal guardianship; change in employment status that affects employee's benefits; employee becomes disabled; employee or dependent becomes eligible for Medicare or Medicaid; or death. Employees must contact the Human Resources Department within thirty (30) days of the qualifying event and provide all necessary documentation.