



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, Dental, Life and/or Vision Insurance Coverage Waiver Form

_____ <i>Employee ID</i>	_____ <i>Hire Date</i>	_____ <i>Department</i>
_____ <i>First</i>	_____ <i>M.I.</i>	_____ <i>Last</i>

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, dental and/or life insurance plans offered at this time.

- ☐ I do **NOT** wish to enroll in the City's HEALTH insurance plans.
- ☐ I do **NOT** wish to enroll in the City's DENTAL insurance plans.
- ☐ I do **NOT** wish to enroll in the City's LIFE insurance plans.
- ☐ I do **NOT** wish to enroll in the City's VISION insurance plans.

I understand that by electing to waive enrollment in the health, dental, life and/or vision insurance plans, I will **NOT** be eligible to enroll in the health, dental, or vision plans until it is the City's annual open enrollment period unless a qualifying event occurs. \*I also understand that life insurance enrollment will **ONLY** be offered to employees within thirty (30) days of hire date or during the City's annual open enrollment if deemed eligible upon completing an Evidence of Insurability Form (medical questionnaire) or during the life insurance company "approved" open enrollment.

**\*New employees are eligible to enroll in the City's health, dental life and/or vision insurance plans within thirty (30) days of hire date. If the employee fails to enroll into the City's benefit plans within the thirty (30) day period of their hire date, the employee will NOT be able to enroll into the City's benefit plans until the City's annual open enrollment period or unless a qualifying event occurs.**

### 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 Human Resources within thirty (30) days of the qualifying event.

***\*I have read and understand the terms of the 30 day enrollment period.***  (initial)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_