

Town of Dedham



Human Resources
450 Washington Street
Dedham, MA 02026
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OPT-OUT FORM

Health Insurance Opt-Out Program Rules

Subject to the terms of the Memorandum of Agreement (“MOA”) between the Town of Dedham and the Dedham Public Employee Committee, as of July 1, 2018 through June 30, 2023 Opt-Out payments are conditioned upon submission (**EACH YEAR**) of an Opt-Out request form by June 1 immediately preceding the effective plan year, together with satisfactory proof of other qualified coverage (such as a letter from your spouse/parent’s employer or a letter from your current health insurance carrier).

New hires are eligible to participate in the program upon hire. Existing employees are eligible to participate in the program provided they have been enrolled in one of the health insurance plans offered through the Town for a minimum of two years.

The Opt-Out Program will pay \$2,000 for individual coverage, \$4,000 for family coverage. Payments are made quarterly, subject to taxes and usual withholdings for each year the employee waives health insurance coverage. In the event the employee loses coverage elsewhere and needs to re-enroll in the Town’s health insurance, they must reimburse the Town for any Opt-Out payments for that year’s coverage.

If you are covered by a spouse also working for the Town of Dedham and are covered by the Town’s health insurance, you are ineligible for this program.

HEALTH INSURANCE OPT-OUT

I elect to participate in the Opt-Out Program.

I have read the Opt-Out Program Rules.

I have been provided with a copy of the Opt-Out Rules.

Employee Signature

Date

Employee’s Name, printed clearly: _____