

TOWN OF TRUMBULL

HEALTH BENEFITS WAIVER AND RELEASE FORM

You are eligible to voluntarily waive your medical and dental insurance coverage with the Town of Trumbull provided you can furnish written documentation satisfactory to the Town that you are presently covered under another health plan (e.g., your spouse’s employer’s medical plan). In exchange for voluntarily waiving your medical and dental insurance coverage, the Town will provide the following supplemental payment to the following groups listed below. Employees not eligible for reimbursement will avoid the employee healthcare weekly payment deduction from their paycheck.

In exchange for this change to my coverage, I understand that I will receive a bonus as listed below made payable September 1, 2015.

PLEASE CHECK THE APPROPRIATE COVERAGE FOR WHICH YOU ARE WAIVING:

POLICE EMPLOYEE AND GRANDFATHERED MATE EMPLOYEES

- \$1,875 for waiver of single coverage
- \$3,700 for waiver of employee plus dependent coverage
- \$5,000 for waiver of family coverage

FIRE MARSHAL EMPLOYEES

DENTAL OPTIONS:

- \$100 to drop single coverage
- \$250 to drop emp/dependent coverage
- \$350 to drop family coverage

HEALTH OPTIONS:

- \$1,500 to drop single coverage
- \$1,750 to drop emp/dependent coverage
- \$2,500 to drop family coverage

I further understand that if I wish to resume coverage, I must notify the Personnel Department at least 30 days prior to the first of the month I wish coverage to resume. I further understand that to return to coverage, I must return to the Town of Trumbull a pro-rated portion of the bonus, one-twelfth for each month of the calendar year that the coverage is in effect, payable in a manner indicated by the Town. Reinstatement of coverage in the middle of the plan year is allowed if there is a loss of your alternate insurance. Should your employment terminate during the plan year, you will be required to return to the Town a pro-rated portion of the bonus, as described above.

Employees whose spouse may also be an employee of the Town or the Trumbull Board of Education shall be ineligible for this waiver.

Please understand that you are under no obligation to waive your medical and dental coverage at this time, and if you do waive your coverage, your ability to re-enroll in these plans will be subject to the restrictions outlined below.

INSTRUCTIONS: If you have medical and dental insurance coverage through another source and you want to voluntarily waive your medical and dental coverage through the Town please carefully read and initial each item below and submit this request (along with documentation of your other medical coverage) to Civil Service **no later than Tuesday, June 9, 2015.**

_____ I voluntarily elect to waive my medical and dental insurance coverage with the Town of Trumbull under the terms and conditions described in this document.

_____ In exchange for waiving my medical and dental insurance, I understand that I will receive a supplemental payment as described above, if applicable.

_____ I am enclosing written documentation as proof that I am enrolled in another health insurance plan (e.g., insurance card, confirmation letter from the carrier or employer's benefits department, etc.). I understand that the Town, in its sole discretion, has the authority to determine whether my documentation is satisfactory and qualifies me to waive medical and dental coverage.

_____ I understand and agree to notify the Town **as soon as possible** (but in no case greater than 31 days after) my medical coverage is lost or ceases under the other plan.

_____ I understand that my decision to waive insurance is **IRREVOCABLE** and cannot be changed until the next Open Enrollment period, for a coverage effective date of July 1, 2016. The only exception to this rule is if I have a "status change event" recognized by the U.S. Department of Labor and the Town's insurance plans mid-year during the benefit plan year. Status change events are limited, but include: involuntary loss of other health coverage; marriage; a change in spouse's employment that causes a loss of coverage; the birth/adoption/placement for adoption of a child; divorce; and certain other circumstances.

REQUEST TO WAIVE COVERAGE: *I hereby request to waive the Town of Trumbull medical and dental insurance coverage for the benefit plan year beginning July 1, 2015 and ending June 30, 2016.*

I have read, understand, and agree to all of the terms and conditions outlined in this document and signal my consent by my initials next to each item above and my signature below.

Employee Print Name

Employee's Signature

Date

Witness's Signature

Date

NOTE: THE LAW REQUIRES THAT THE TOWN DEDUCT WITHHOLDING AND F.I.C.A. (SOCIAL SECURITY) FROM ALL PAYMENTS.

COMPLETE AND RETURN TO CIVIL SERVICE BY TUESDAY, JUNE 9, 2015.