

TOWN OF TRUMBULL

REINSTATEMENT OF COVERAGE

I previously waived the Town of Trumbull coverage because I had other health and/or dental coverage.

As of _____, I am no longer covered by the other health plan and I am requesting reinstatement of health benefits coverage with the Town of Trumbull, and have provided proof of loss of the other coverage.

I will complete and return to Civil Service, the Anthem/Guardian enrollment/change forms that are made available at www.trumbull-ct.gov to reinstate my coverage.

Employee Print Name

Employee's Signature

Date