



Office of Treasurer/Collector's Office
TOWN OF NORWELL
345 Main Street, Norwell, MA 02061
TEL: (781) 659-8071 ~ FAX: (781) 659-7795
EMAIL: dsullivan@townofnorwell.net

Insurance Waiver / Election Form

MEDICAL INSURANCE

☐

I hereby waive my option to select HEALTH INSURANCE*

**If I decline health insurance coverage through my employer, and do not have other health insurance coverage, I may not be eligible for cost assistance through the Health Insurance Marketplace. My tax dependents will not be eligible for coverage through the employer and may not be eligible for cost assistance through the Health Insurance Marketplace.*

☐

I elect BLUE CROSS/BLUE SHIELD HMO BLUE insurance

☐ Family

☐ Individual

☐

I elect BLUE CROSS/BLUE SHIELD CARE ELECT PPO insurance

☐ Family

☐ Individual

LIFE INSURANCE

☐

I hereby waive my option to select the BOSTON MUTUAL LIFE INSURANCE Basic Policy of \$10,000 (Employer pays ½ of monthly premium)

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I elect the BOSTON MUTUAL LIFE INSURANCE Basic Policy of \$10,000 (Employer pays ½ of monthly premium)

☐

I hereby waive my option to select the BOSTON MUTUAL LIFE SUPPLEMENTAL LIFE INSURANCE (Employee pays 100% of monthly premium)

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I elect BOSTON MUTUAL SUPPLEMENTAL LIFE INSURANCE in the amount of: \$_____. I have completed appropriate Boston Mutual paperwork/applications.

Name of Employee: _____

Employee Signature: _____ **Date:** _____
