

Town of



Amherst Massachusetts

HUMAN RESOURCES DEPARTMENT

Director of Human Resources
Town Hall
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Amherst MA 01002

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WAIVER OF GROUP INSURANCE BENEFITS

I, _____, an employee of the Town of Amherst, hereby certify that I have been given an opportunity to apply for group insurance benefits as provided by the Town of Amherst on a contributory basis and that after due consideration, I have decided not to accept the following:

_____ Group Health Insurance

_____ Optional Life Insurance

I understand that in the event that I may later desire to apply for such insurance, I must wait for the next annual open enrollment period, unless there is a qualifying event. Additionally, I understand that the Town's life insurance companies may require that I furnish evidence of insurability and that they shall have the right reject such application.

Print Name: _____

Employee Signature: _____

Date: _____

Department: _____

Human Resources/ Accounting: _____

Date of Hire: _____