

Town of Dover

INSURANCE OPT OUT FORM

Employee Name	Check One: ___ Town Employee ___ School Employee	
Department		
Employee Address (Street, City, ST, Zip)		
Employer Name Town of Dover	Health Plan:	Health Plan Type: Individual _____ Family _____

FY 2023

Eligibility: Employees are eligible for the “Opt-Out” program when they are no longer covered by the Town’s health insurance and have had Town health insurance for 2 continuous years before July 1, 2021 or are currently participating in the Opt-Out.

Employees must provide the following information:

___ Membership Transaction Form (to cancel insurance) (First year only)

___ Proof of new insurance

Payment Information: The Town will pay the Opt-Out benefit in a lump sum at the end of the fiscal year. The Town will pay \$2,000 stipend per year for employees opting out of individual health insurance plans and \$4,000 stipend per year for employees opting out of family health insurance plans.

If there is a qualifying event in which an employee chooses to opt out of the Town’s health insurance, the town will pay a prorated opt-out benefit based on the portion of the fiscal year in which the employee opted out of the Town’s health insurance.

If there is a qualifying event in which an employee who has opted-out needs to opt back onto the Town insurance, the town will pay a prorated opt-out benefit based on the number of months the employee had opted out of the Town’s health insurance.

Please submit form to: Treasurer’s Office, Dover Town House, 5 Springdale Avenue, Dover, MA 02030

INTERNAL USE ONLY:

Original Enrollment Date

Effective Date of Coverage Termination

Amount Due \$