



City of Brockton

Human Resources Department

ROBERT F. SULLIVAN
MAYOR

SANDRA KNIGHT
DIRECTOR OF HUMAN RESOURCES

Waiver of Group Insurance / Effective Date Acknowledgment Dental

Employee's Name: _____

Date of Birth: _____ Title: _____

Please check one:

- I waive my employer's group dental insurance for myself and my dependents (if any)
- I am enrolling my employer's group dental insurance coverage, but I am waiving coverage for my dependents.
- Even though I have added my dependent/spouse to my health insurance, I do not wish to add them to my dental insurance at this time.
- Even though I have added my dependents to my dental insurance I do not wish to add _____ at this time.

Reasons for waiving coverage - please check one:

- Covered through spouse's employer.
Employer Name: _____
Insurance Company Name: _____
- Covered through another source.
Insurance Company Name: _____
- Other reason (explain) _____

As a result, I waive my and/or my dependents (if any) eligibility to enroll in my employer's group plan at this time. I understand that although I declined enrollment for myself or my dependents (including spouse) because of other dental insurance coverage, I as the employee, may in the future, request enrollment within 30 days after the coverage ends due to an involuntary cancellation, or at the time of my employer's annual open enrollment. In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 30-days after the event.

*****DATE ACKNOWLEDGMENT**

- My chosen effective date for coverage is _____. I realize that I do not have any dental insurance though the City of Brockton until this date.

Employee Signature: _____ Date: _____

"City of Champions"

First Name

Last Name



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Waiver of Group Insurance / Effective Date Acknowledgment Health

Employee's Name: _____

Date of Birth: _____ Title: _____

Please check one:

- I waive my employer's group health insurance for myself and my dependents (if any)
- I am enrolling my employer's group health insurance coverage, but I am waiving coverage for my dependents.
- Even though I have added my dependent/spouse to my dental insurance, I do not wish to add them to my health insurance at this time.
- Even though I have added my dependents to my health insurance I do not wish to add _____ at this time.

Reasons for waiving coverage - please check one:

- Covered through spouse's employer.
Employer Name: _____
Insurance Company Name: _____
- Covered through another source.
Insurance Company Name: _____
- Other reason (explain) _____

As a result, I waive my and/or my dependents (if any) eligibility to enroll in my employer's group plan at this time. I understand that although I declined enrollment for myself or my dependents (including spouse) because of other health insurance coverage, I as the employee, may in the future, request enrollment within 30 days after the coverage ends due to an involuntary cancellation, or at the time of my employer's annual open enrollment. In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 30-days after the event.

*** *DATE ACKNOWLEDGMENT* ***

- My chosen effective date for coverage is _____. I realize that I do not have any health insurance though the City of Brockton until this date.

Employee Signature: _____ Date: _____

"City of Champions"

First Name

Last Name