



**Town Of Leicester**  
**OFFICE OF THE TREASURER/COLLECTOR**  
3 Washburn Square  
Leicester, Massachusetts 01524-1333  
Phone: (508) 892-7002 Fax: (508) 892-7070

**NON-ACCEPTANCE OF INSURANCE BENEFITS**

This will certify that I have been duly informed of the following insurance benefits available to me (and my eligible dependents, if applicable) and do not wish to enroll myself (or my eligible dependents) in the following programs:

_____	Health (Medical) Insurance
_____	Health (Dental) Insurance
_____	Flexible Spending Account (including Dependent Care Account)
_____	Town Sponsored Life Insurance
_____	Voluntary / Dependent Life Insurance
_____	Vision Insurance

I understand that if I choose to "Waive" any, or all of the above, insurance benefits at this time, I will not be able to apply until the next Open Enrollment Period in May/June for a July 1<sup>st</sup> effective date. If a "Qualifying Event" occurs – Birth, Death, Marriage, Divorce, or a spouse changing or losing employment and – you may be eligible to enroll in the Medical, Dental or Flexible Spending Account as long as you make the request within 30 days of the event.

I also understand that should I wish to enroll in the Life (and/or Voluntary/Dependent Life) plan that I will be required to provide Medical *Evidence of Insurability* and could be declined for coverage by the Insurance Company.

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE