

\_\_\_\_\_  
Employee's Name

TOWN OF CARLISLE

WAIVER OF INSURANCE COVERAGE  
and  
LONG-TERM DISABILITY

I understand that, pursuant to Ch. 32B, Section 4 of the General Laws, "each employee SHALL be automatically insured... for...group life ...group accidental death and dismemberment insurance and group general...health insurance..." unless any employee desiring not to be insured shall give written notice to the Treasurer indicating that he is not to be insured for such coverages.

I further understand that employees shall always have the right to enter the Insurance Plans each year at the time of the Town's anniversary date with the Group Insurance companies.

This insurance would provide (a) Group life insurance, group accidental death and dismemberment insurance and (b) Group general or blanket insurance providing hospital, surgical, medical, dental and other health insurance benefits. The Town would pay 50% of the premiums due; the remaining premium would be withheld on a regular basis from my paychecks.

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A. I hereby give written notice that I have been given an opportunity to apply for such Group Health Insurance, and I decline to participate and hereby waive all benefits of the plan.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

B. I hereby give written notice that I have been given an opportunity to apply for such Life Insurance, and I decline to participate and hereby waive all benefits of the plan.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

C. I hereby give written notice that I have been given an opportunity to apply for Long-Term Disability Insurance, and I decline to participate and hereby waive all benefits of the plan.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

D. I hereby give written notice that I have been given an opportunity to apply for Dental Insurance, and I decline to participate and hereby waive all benefits of the plan.

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(Signature)

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(Date)

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