

**CHELMSFORD PUBLIC SCHOOLS
CHELMSFORD, MASSACHUSETTS
INSURANCE WAIVER FORM**

Health Insurance Accept _____ Decline _____
(If accepting please complete enrollment form)

Dental Insurance Accept _____ Decline _____
(If accepting please complete enrollment form)

Vision Insurance Accept _____ Decline _____
(If accepting please complete enrollment form)

Life Insurance Accept _____ Decline _____
(If accepting please complete enrollment form)

Flexible Spending Account (FSA) Accept _____ Decline _____
(If accepting please complete enrollment form)

Sick Bank Accept _____ Decline _____
(only for members of a CFT Bargaining Unit)
(If accepting please complete enrollment form)

I understand that if I decline the opportunity to take insurance at the beginning of my employment, my next opportunity will be during the Open Enrollment Period (the month of May with a July 1 effective date)

****All new enrollees will have double deductions taken out for the first month. This is due to the fact that we pay one month in advance for all benefits.**

Signature (Full Name)

Date