



Human Resources

Town of Reading
16 Lowell Street
Reading, MA 01867

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Voluntary Waiver of Health Insurance Opt – Out Health Insurance Program FY26

I, _____, hereby acknowledge that I have been advised of my right to enroll in health insurance coverage through the Town of Reading. Having been so advised, I do hereby waive my right to health insurance coverage through the Town and I authorize the Town to cancel my health insurance coverage as of 7/1/2025.

In return for my agreement to waive health insurance coverage, the Town agrees to pay me:

- \$2000.00 for waiving my individual health insurance plan
- \$5000.00 for waiving my family health insurance plan

- I hereby certify that there is no outstanding court order or agreement requiring me to provide health insurance coverage for my spouse, ex-spouse or dependent children, if any.
- I understand that the Town of Reading is not responsible for my medical coverage effective on 7/1/2025 (except for medical coverage for injuries and illnesses covered by M.G.L. c. 41, 111F or M.G.L. c. 152).
- I understand that I must sign up each fiscal year to take advantage of this program benefit and to waive health insurance coverage through the Town of Reading.
- I hereby acknowledge that I am only eligible to re-enroll in the Town's health insurance plans during the Annual Open Enrollment Period or due to a loss of coverage from a source other than the Town. To re-enroll, I must complete the required paperwork during the Open Enrollment period or, for a loss of coverage, notify the Town Human Resources Office and complete the re-enrollment process within thirty (30) days of the date of loss of coverage.
- I acknowledge that I have read and agree to comply with the terms and conditions of the Town of Reading's Opt-Out Program.
- I acknowledge that the opt-out payment will be subject to Federal, State and Medicare taxes and any other deductions required by law.
- I acknowledge that the Town of Reading has offered this program since July 1, 2012 and will continue to offer it from July 1, 2025 through June 30, 2026. Furthermore, I acknowledge that the Town will decide each year whether or not to continue to offering it.

Employee/Retiree Name (Please print)

Employee/Retiree Signature

Date

Phone Number

Email Address

Sean D. Donahue
HR Director

Date