



Town of
CANTON
Massachusetts

**Declination of Health/Dental/Basic Life Insurance Form
Town of Canton**

I _____ have been presented information from the Town of Canton for both Health/Dental/Basic Life coverage. I acknowledge I have been offered the opportunity to enroll myself and eligible family members in The Town of Canton Group Health and/or Dental Plan.

I decline enrolling myself or eligible family members in the following group plan coverage:

Check next to the group plan coverage you wish to decline enrollment

_____ Decline Health Insurance through Blue Cross Blue Shield

_____ Decline Dental Insurance through Delta Dental

_____ Decline Basic Life Insurance through Boston Mutual (\$5,000 life policy)

By signing this form I am aware that I won't be able to apply for the Town of Canton's Health/Dental/Basic Life coverage until the next open enrollment in May (July 1st effective date) or a qualifying event (for medical and dental).

Signature

Date

Print Name