



Benefits Coordinator  
Erin McGee

## Town of Walpole Commonwealth of Massachusetts

**July 1, 2024 – June 30, 2025**

### DECLINATION OF HEALTH INSURANCE COVERAGE

You are completing this form because you have declined to participate in your employer sponsored health insurance plan and/or have declined to participate in the employer's "Section 125 Cafeteria Plan" pre-tax purchasing arrangement. A Section 125 Plan is not health insurance; it is a way to purchase health insurance on a pre-tax basis.

Employee's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_

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I am declining health insurance coverage for myself and my dependents (if any). I have read the HIPAA Special Enrollment Rules below. I understand that I have the opportunity to enroll in pre-tax Health Insurance at Open Enrollment each year (effective July 1<sup>st</sup>) or with a Qualifying Event. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment, that I may forfeit all or a portion of my Massachusetts personal tax exemption and be subject to other penalties pursuant to M.G.L c. 111M, that the Employee Health Insurance Responsibility Disclosure (HIRD) Form contains information that must be reported in my Massachusetts tax return, and that I am required to maintain a copy of the signed HIRD Form.

1. Did you accept your employer sponsored health insurance?

☐ YES ☐ NO

2. Do you have other health insurance?

☐ YES ☐ NO

I hereby affirm, under penalties of perjury, that all the information provided herein is true to best of my knowledge. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment, that I may forfeit all or a portion of my Massachusetts personal tax exemption and be subject to other penalties pursuant to M.G.L c. 111A, that the Employee Health Insurance Responsibility Disclosure (HIRD) Form contains information that must be reported in my Massachusetts tax return, and that I am required to maintain a copy of the signed HIRD Form.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HIPAA SPECIAL ENROLLMENT RULES

*If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in this plan during the open enrollment period of each year for July 1<sup>st</sup> coverage. In addition, under the following circumstances, you may be able to enroll yourself and your dependents (if any), provided that you request enrollment within 30 days of the event:*

\* Spouse's Insurance is terminated      \* Marriage      \* Birth of a child      \* Adoption/Placement of adoption