

Appendix A

ACKNOWLEDGEMENT

I, _____, hereby acknowledge that I have read and understand the terms of the Town's Health Insurance Opt-Out Program, that I have had the opportunity to ask questions of the Town regarding the Opt-Out Program and inquire of attorneys of my own choosing, and that I am agreeing to waive my right to health insurance coverage through the Town effective July 1, 2024.

Employee Name

Date

Employee Signature

Treasurer/Collector's Department

Date

Representative

_____ Proof of other Health Insurance Attached

Initial

