

**BRAINTREE HUMAN RESOURCES
DEPARTMENT**

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Charles C. Kokoros, Mayor

**TOWN OF BRAINTREE
WAIVER OF EMPLOYEE HEALTH INSURANCE**

As an employee of the Town of Braintree, I _____
confirm that I have been advised of my eligibility for health insurance coverage for myself
and my dependents. I have been offered this coverage either during my new hire
eligibility period or during the Town's annual open enrollment period.

By my signature below, I am confirming that I elect to waive my enrollment in the Town's
Health insurance plan effective _____ or July 1, 2021.

I understand this waiver is a declination of my benefit enrollment and that if I desire to
enroll at a future date, unless I experience a "qualifying event" which may change my
enrollment eligibility, I may only enroll in the Town's plan during a subsequent open
enrollment period as designated by the Town of Braintree.

Printed Name

Signature

Date