



**TOWN OF MEDFIELD**

Office of  
PERSONNEL BOARD  
Medfield, Massachusetts 02052  
508-359-8505

To: All Benefit Eligible New Employees- **10 Month**

From: Human Resources

Re: Benefit Options for EMPLOYEES -FY20

Date: June 4, 2019

In view of certain State Regulations, new employees who are eligible to participate in Health Benefits are required to enroll in such benefits at the time of hire unless they certify that they decline enrollment.

Therefore, we ask that after reviewing your benefit options you complete the appropriate sections of this form and submit it to the Human Resources Office.

***This form must be returned prior to entry on the payroll system.***

		Bi-Monthly		Bi-Monthly
<b>HEALTH</b>				
Blue Cross/Blue Shield/MIAA HMO	Individual	\$ 199.90	<input type="checkbox"/>	Family \$ 520.02 <input type="checkbox"/>
Blue Cross/Blue Shield/MIAA PPO	Individual	\$ 265.72	<input type="checkbox"/>	Family \$ 691.50 <input type="checkbox"/>
Blue Cross Blue Shield Access Blue	Individual	\$ 160.92	<input type="checkbox"/>	Family \$ 418.62 <input type="checkbox"/>
<hr/>				
<b>DENTAL</b>				
Delta Dental Premier	Individual	\$ 18.05	<input type="checkbox"/>	Family \$ 44.56 <input type="checkbox"/>
Delta Dental PPO Plus Premier Plan	Individual	\$ 24.88	<input type="checkbox"/>	Family \$ 63.43 <input type="checkbox"/>
<hr/>				
<b>LIFE</b>				
Boston Mutual Life Insurance	\$5,000 Basic Life - \$1.86 Bi-Monthly			<input type="checkbox"/>
Boston Mutual Life Insurance	Voluntary Life - coverage from \$5,000 to \$50,000 \$.90 per \$5,000 up to \$50,000-\$19.50 Bi-Monthly			<input type="checkbox"/>

**\*Please note** enrollment forms must be completed for each insurance you select.

**Please see Kathy VandenBoom - Payroll Administrator for Enrollment Forms**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO DECLINE please sign below**

I \_\_\_\_\_ (print full name) have reviewed my benefit options and hereby  
DECLINE enrollment at the current time.

**\*\*Please complete attached disclosure form if you decline health insurance.**

**\*\*\*You can enroll at a later date as the result of a qualifying event or open enrollment.**