

TOWN OF NATICK
BENEFITS ENROLLMENT
ACCEPT OR DECLINE FORM

DATE: _____

NAME: _____

ADDRESS: _____

DEPT: _____

_____ I wish to enroll in the following benefits offered by the Town of Natick.

_____ Health Insurance _____
(Name of Plan)

_____ Delta Dental Insurance _____

_____ Life Insurance _____
(Basic) (Voluntary)

_____ I do not wish to enroll in any benefit plans offered by the Town of Natick.
I understand that I will not be covered by the Town's health insurance plan until I elect such coverage during an open enrollment period or qualifying event.

SIGNATURE: _____

NOTE: If you do not wish to sign up for any benefits please sign and return to the Benefits Office at Town Hall along with a HIRD Form that can be found on this web site.

If you do wish to sign up for benefits please call 508-647-6411 to set up an appointment.