



Town of  
**CANTON**  
Massachusetts

**Declination of Health/Dental/Basic Life Insurance Form  
Town of Canton**

I \_\_\_\_\_ have been presented information from the Town of Canton for both Health/Dental/Basic Life coverage. I acknowledge I have been offered the opportunity to enroll myself and eligible family members in The Town of Canton Group Health and/or Dental Plan.

I decline enrolling myself or eligible family members in the following group plan coverage:

*Check next to the group plan coverage you wish to decline enrollment*

\_\_\_\_\_ Decline Health Insurance through Blue Cross Blue Shield

\_\_\_\_\_ Decline Dental Insurance through Delta Dental

\_\_\_\_\_ Decline Basic Life Insurance through Boston Mutual (\$5,000 life policy)

By signing this form I am aware that I won't be able to apply for the Town of Canton's Health/Dental/Basic Life coverage until the next open enrollment in May (July 1st effective date) or a qualifying event (for medical and dental).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name