



Town of Needham
Health Insurance and Benefits Acknowledgements

Name: _____ **Title/Dept:** _____

By signing below, I acknowledge that upon hire **I have 30 calendar days** to enroll in or decline health insurance and other benefits to which I may be eligible. I understand that with either decision, I must sign and submit an enrollment form or declination form to the Human Resources Department. **A failure to submit anything within 30 calendar days of my hire date, signifies a declination of all benefits.** I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment, and that I may forfeit all or a portion of my Massachusetts personal tax exemption and be subject to other penalties pursuant to M.G.L c. 111M.

I understand that the Town deducts premiums one month in advance of coverage and additional premiums due upon initial enrollment will also be deducted from my first pay period(s) issued. I also understand that if my premiums are not deducted correctly from my pay it is my responsibility to notify my Human Resources Department, and I will be responsible for all back premiums. If I am unpaid at any time during my employment, I understand that it is my responsibility to contact Human Resources to arrange for prompt payment of benefits, and if I do not, I risk termination of coverage unless full payment of back premiums is made.

Finally, I certify that I have been provided a copy of, read and understand the following Town of Needham notices regarding health insurance:

1. [125 Plan Summary Document](#)
2. [Affordable Care Act - Market Place Notice](#)
3. [CHIP Notice](#)
4. [HIPAA Privacy Notice](#)
5. [COBRA Notice](#)
6. [HIPAA Special Enrollment Rights](#)
7. [Notice of Patient Protections](#)
8. [Women's Health and Cancer Rights Act \(WHCRA\)](#)
9. [Summary of Benefits and Coverage \(SBCs\) Notice](#)

Signature: _____ **Date:** _____

Electronic Signature - By clicking this you agree that the electronic signature appearing above is the same as handwritten signature for the purposes of validity, enforceability and admissibility