



TOWN OF MILLIS HEALTH INSURANCE WAIVER

EMPLOYEE NAME:	
DEPARTMENT:	

I hereby decline the Health Insurance benefit offered by the Town of Millis. I understand that I may only enroll in the Health Insurance and other voluntary benefits offered through the Town during annual open enrollment or due to a qualifying event.

or

***I would like to enroll in Health Insurance.
Please send MyGIClink Portal enrollment to:***

Email: _____

EMPLOYEE SIGNATURE: _____ DATE: _____