



TOWN OF MILLIS

Accounting/Finance Office
900 Main Street • Millis, MA 02054
Phone: 508-376-7039
Fax: 508-376-0124

VOLUNTARY INSURANCE WAIVER

Employee Name _____ Dept _____

_____ I decline the LIFEPLUS Permanent Life voluntary insurance benefits offered by the Town of Millis. At open enrollment or with a qualifying event I may elect coverage.

_____ I decline the LIFEPLUS Disability voluntary insurance benefits offered by the Town of Millis. At open enrollment or with a qualifying event I may elect coverage.

_____ I decline the LIFEPLUS Cancer Expense voluntary insurance benefits offered by the Town of Millis. At open enrollment or with a qualifying event I may elect coverage.

Employee Signature _____ Date _____

**Please return to the Accounting/Finance Office at address or fax listed above.
Any questions, please call 508-376-7039**