



# TOWN OF MILLIS

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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**