



# TOWN OF MILLIS

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Office of the Treasurer  
900 Main Street • Millis, MA 02054  
Phone: 508-376-7048  
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## HEALTH INSURANCE WAIVER

Employee Name \_\_\_\_\_ Dept \_\_\_\_\_

I decline the health insurance benefit offered by the Town of Millis which is currently GIC Health Insurance plans. At open enrollment or with a qualifying event I may elect coverage.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_