



*Finance Office*

# Town of Hopkinton

*P. O. BOX 139*

*Hopkinton, RI 02833*

## MEMORANDUM – Health Insurance

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

RE: \_\_\_\_\_

I hereby decline healthcare coverage offered by the Town of Hopkinton.

Decline Health Insurance \_\_\_\_\_(Initial)

Decline Dental \_\_\_\_\_(Initial)

I agree to accept a \$3,500 salary increase in lieu of employer paid health and dental insurance as my participation in the Town-wide health insurance buy-back program as specified by the Town Council resolution or by Union Contract, whichever takes precedent.

Signed:

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Print Name: \_\_\_\_\_