



Erin V. Joyce, Mayor

## BRAINTREE HUMAN RESOURCES DEPARTMENT

Christopher J. Shipps, Human Resources Director  
[cshipps@braintreema.gov](mailto:cshipps@braintreema.gov)

Catherine L. Porter, Human Resources Generalist  
[cporter@braintreema.gov](mailto:cporter@braintreema.gov)

Angela M. Truelson, Benefits Coordinator  
[atruelson@braintreema.gov](mailto:atruelson@braintreema.gov)

### TOWN OF BRAINTREE WAIVER OF EMPLOYEE HEALTH INSURANCE

As an employee of the Town of Braintree, I \_\_\_\_\_  
confirm that I have been advised of my eligibility for health insurance coverage for myself  
and my dependents. I have been offered this coverage either during my new hire  
eligibility period or during the Town's annual open enrollment period.

By my signature below, I am confirming that I elect to waive my enrollment in the Town's  
Health insurance plan effective \_\_\_\_\_ or July 1, 2025.

I understand this waiver is a declination of my benefit enrollment and that if I desire to  
enroll at a future date, unless I experience a "qualifying event" which may change my  
enrollment eligibility, I may only enroll in the Town's plan during a subsequent open  
enrollment period as designated by the Town of Braintree.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date