



Flexible Benefit Plan Cash Opt-Out Election 2024

Complete this form when you have chosen to opt-out of any portion Town health insurance

As part of the Town's Flexible Benefit Plan, I elect to opt out of health insurance coverage as follows in return for the listed incentive and I have attached proof of alternate coverage:

| <u>Plan</u> | <u>ALL EMPLOYEES</u> | <u>LIBRARY</u> | <u>Please check Appropriate Box</u> |
|------------------------------|----------------------|----------------|---|
| Family to 2-Person Plan | \$158.59 | \$152.00 | <input type="checkbox"/> |
| Family to Single Plan | \$385.14 | \$367.90 | <input type="checkbox"/> |
| Drop Family Plan entirely | \$611.69 | \$584.30 | <input type="checkbox"/> |
| 2-Person Plan to Single Plan | \$226.55 | \$216.41 | <input type="checkbox"/> |
| Drop 2-Person Plan entirely | \$453.10 | \$432.82 | <input type="checkbox"/> |
| Drop Single Plan Entirely | \$226.55 | \$216.41 | <input type="checkbox"/> |

Print Employee Name

Signature

Date