



## Flexible Benefit Plan Cash Opt-Out Election 2023

*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