



POLICE, 3960, CLASSIFIED/UNCLASIFIED & TEAMSTERS

MEDICAL INSURANCE WAIVER July 1, 2024- June 30, 2025

Employee's Name: _____

Department: _____

I request to waive my medical/dental insurance benefits as provided by the City of Pawtucket in return for the following payment:

Please check coverage(s) you are waiving:

Medical: Individual () \$1,000.00	Family: () \$3,000.00	() No Stipend
Dental: Individual () \$ 100.00	Family: () \$ 300.00	() No Stipend

Police Department: Section 5. Employees hired after July 15, 2015, whose spouses also work for the City, shall not be eligible for this benefit.

Local 3960 Section 16.8: "...Effective July 1, 2011 this provision shall not apply to employees with a spouse or domestic partner who is employed by the City, which also includes a retiree or the School Department and the Pawtucket Water Supply Board."

The amount of waiver will be:** _____

- This waiver is effective for twelve (12) months only must be renewed annually.
- If I need to reinstate medical coverage, I must notify the HR Department at least thirty (30) days in advance.
- I understand that the open enrollment period for all medical plans is June 1st to June 30th.

Waiver Payment(s) will be included in employee's last paycheck in November.

I understand and agree that having received this medical reimbursement, if I subsequently enroll in medical or dental coverage with the City of Pawtucket before the end of the fiscal year, or if I shall no longer be employed by the City of Pawtucket before the end of the fiscal year, I shall repay to the City of Pawtucket on a pro-rated basis, monies which I have received for said waiver. I agree that this amount is payable to the City of Pawtucket within thirty (30) days of either coverage reinstatement or termination of employment or, at the option of the City, I agree that it may be deducted from my pay.

I certify that I have alternative medical insurance coverage and I am not covered by the Affordable Care Act at Healthsource RI or any other State or Federal agency.

Signature: _____

Date: _____