



**Personnel Policy
Waiver of Health Insurance - Double Coverage**

Providence Center employees may waive their Center provided health insurance coverage if proof of other coverage is provided, and receive a reimbursement of \$50 once a month as taxable income.

Please be advised that Rite Care/MassHealth is not a reimbursable provider under The Center's waiver policy.

If you waive your health insurance coverage, you may re-enroll in the plan only during the open enrollment period in July of each year. If your other coverage ends for reasons such as termination of employment, death, etc., you may re-enroll in the plan at the time the other coverage ended if proof of the termination of other coverage is given.

WAIVER OF HEALTH INSURANCE COVERAGE

Employee: _____

Name of other Health Insurance Carrier: _____

My coverage is through:

_____ Spouse _____ Other Employer _____ Rite Care/MassHealth/Other

Please attach copy of verification of other coverage.

I request a waiver of health insurance coverage offered by The Providence Center and understand I will receive a reimbursement of \$50 per month (based on 1.00 FTE status) in my paycheck.

Signature: _____

Date: _____