

**TOWN OF WESTWOOD**  
COMMONWEALTH OF MASSACHUSETTS

**HUMAN RESOURCES DEPARTMENT**



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**DECLINATION OF HEALTH INSURANCE COVERAGE  
AND  
HIPAA SPECIAL ENROLLMENT RULES NOTIFICATION**

I have been informed of my eligibility to enroll in the Town of Westwood’s health insurance program. I am declining health insurance coverage for myself and my dependents. I have read the HIPAA Special Enrollment Rules below.

\_\_\_\_\_  
Employee’s Name (Please Print)

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

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**HIPAA SPECIAL ENROLLMENT RULES**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in this plan during the open enrollment period in the spring of each year. In addition, under the following circumstances, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days of the event:

1. Spouse’s insurance is terminated
2. Marriage
3. Birth of a child
4. Adoption/Placement of adoption

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