



Health Insurance Waiver Option Form

The Health Insurance Waiver Option is available to employees of Cambridge Public Schools who are eligible for City of Cambridge health insurance coverage and who do not participate in a City plan because they have alternative health insurance coverage (e.g., you have health insurance coverage under a health plan that is not part of the City of Cambridge coverage).

Employees electing the Health Insurance Waiver Option are eligible to receive an annual payment prorated monthly in accordance with contractual employment provisions. To elect the Health Insurance Waiver Option, employees must provide proof of alternative health coverage and submit it with this completed form within 30 days of the first date of eligible employment or during the City annual open enrollment period.

Employee Name: Department/School:

A. Current City of Cambridge Group Coverage

Name of Health Insurance Plan:

Type of Coverage: Individual Family

B. Health Insurance Coverage Other than City of Cambridge

Name of Insured Person:

Employer's Name:

Employer's Address:

Insurance Carrier:

Plan Number:

I, hereby elect a monetary allowance to be paid in monthly installments per contract in lieu of City sponsored group health insurance benefits. I understand that at any time during this agreement, except open enrollment, and upon submission of satisfactory proof of non-voluntary loss of alternative coverage through no fault of mine, I may renounce this agreement and re-enroll in a City sponsored health insurance plan, with, to the maximum extent allowed by law, waiver of waiting periods. I further understand that during periods of open enrollment, I may exercise the option to enroll in an offered health plan and end the monthly allowance without showing proof of loss of alternative coverage.

Signature: Date:

Benefits Office Signature: Date:

Submit completed form with proof of alternative coverage to:
CPS Office of Human Resources, Benefits | 135 Berkshire Street | Cambridge, MA 02141