

Open Enrollment effective July 1, 2011
Health Insurance Election Form

Please check one:

_____ I will not make any changes to my health insurance coverage for open enrollment

_____ I will make changes to my health insurance coverage effective 7-1-11

Employee signature

Date

Return to:

Treasurer's Office
Attn: Meg or Kellie
550 Hanover Street
Hanover, MA 02339