



**TOWN OF NORTON**  
Treasurer/Tax Collector's Office  
Municipal Center  
70 East Main Street, Norton, MA 02766

Telephone (508) 285-0226 Fax (508) 285-0224  
Email: [treasurer@nortonmaus.com](mailto:treasurer@nortonmaus.com)

May 5, 2016  
**UPDATED 6/12/19**

To all Benefit Eligible Employees

As you know, as part of the agreement reached by the PEC, there is an OPT out provision. This is available to any active employee who has been on one of the town's active health plans (HMO or PPO) for the previous 24 months and chooses to obtain insurance from a spouses plan. For fiscal years 2017 - **EXTENDED TO 2020** the town has agreed to provide a pay-out based on the plan the employee was enrolled in. Please see the attachment Opt out form agreement for more details.

The opt out payments will be made in two equal installments each fiscal year. One payment on the last payroll in December for 50% of the annual opt out amount for those who have opted out from 7/1 - 12/31 and the second payment on the last payroll in June for 50% of the annual opt out amount for those who have opted out from 1/1 - 6/30. There are no pro-rata payments. For example: if you are not able to enroll in your spouse's plan until their open enrollment and this occurs after July 1, you will not be eligible for a payment in December. You will be eligible for the June 50% payment.

If you are interested in opting out of the town insurance, you must complete the attached form and return it to the Treasurer's office. When we receive your signed form with the date you are eligible to enroll in your spouse's insurance we will provide you with a letter stating the date that you have opted out of the town's insurance. Your spouse can then use this letter to enroll you in their plan. Once you give the treasurer's office proof that you are now enrolled in another plan, we will stop deducting insurance from

your paycheck and cancel your health insurance. We can only cancel your insurance within 30 days of your enrollment in the new plan, so please make sure you submit all of the appropriate paperwork to us in a timely manner. We will refund you for any overpayments of health insurance deductions through your paycheck as long as we receive the paperwork within the 30 day window.

Also the pay-out will be put through your paycheck and is subject to taxes, but is not pensionable.

Please feel free to contact me if you have any questions.

Sincerely,



Catherine VanDyne  
Treasurer/Tax Collector

Attachment



**Town of Norton**  
**Health Insurance Opt Out Form Agreement**  
**Treasurer's Office**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

Plan - Individual or Family: \_\_\_\_\_ Enrollment Date in Spouses plan: \_\_\_\_\_

**Opt Out Terms:**

Effective July 1, 2016, the Town agrees to offer an opt-out payment to certain employees who elect not to enroll in the Town's health insurance plan but who, instead, **provide proof of enrollment in comparable employment-based health insurance coverage offered by the employer of the employee's spouse.** This opt-out payment will be offered for the July 1, 2016 – June 30, 2017, July 1, 2017 – June 30, 2018, and July 1, 2018 – June 30, 2019 plan years, only, and will not be offered after **EXTENDED TO JUNE 30, 2020**

Eligibility for such payments will be limited to employees who at the date of disenrollment from a Town health plan have been continuously enrolled for at least 24 months in a non-Medicare health plan offered by the Town. **An employee whose spouse is also employed by the Town will not be eligible for such payments.** An employee who enrolls in a Medicare plan or who, by termination or reduction in hours, loses eligibility for participation in the Town's health insurance plan will also be ineligible for opt-out payments.

The annual opt-out payment shall be \$1,500.00 for an employee who was enrolled in Individual coverage for the preceding 24 months and \$2,500.00 for an employee who was enrolled in Family coverage for such 24 months. (If an employee was enrolled in Individual coverage for part of those 24 months and Family coverage for the remainder the payment shall be pro-rated.)

One-half of the applicable payment will be paid in the last pay period in December and the other one-half in the last pay period of June. In order to be eligible for the payment the employee must have been enrolled under her/his spouse's coverage (with an employer other than the Town of Norton) for the entire six months preceding the payment date and must provide the Town with proof of such coverage. If an employee re-enrolls in the Town's health plan or loses coverage under her/his spouse's insurance coverage at any time prior to a payment date, the employee will not receive a payment on that payment date.

By signing this form I understand and agree to the terms signed by the PEC Committee on March 27, 2016. I also acknowledge that the Town is not guaranteeing enrollment in my spouse's health insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received in Treasurer's Office

\_\_\_\_\_  
Signature Treasurer's Office of eligibility