

**Dental Insurance Declination - Town of Amherst, NH**  
**Dental Insurance Buyback Program FY25 July 1, 2024 - June 30, 2025**

Full-time eligible employees with current dental insurance coverage may decline the Town's insurance and receive a taxable stipend, paid bi-weekly. Proof of current coverage for both the employee and any dependents and/or spouse is required. The following conditions must be met. Please read carefully.

1. The employee must show valid proof of Dental insurance coverage through an employer other than the Town of Amherst. Proof of coverage for dependents and/or a spouse must be presented to qualify for a Two-person or Family Buyback, including effective dates and dates of coverage.
2. The proof of insurance shall include:
  - Name of Carrier
  - The Town employee listed as a dependent or the subscriber
  - Period of Coverage and/or dates of eligibility
  - Type of Coverage (Family, Two-person, or Single) with names of all enrolled
3. Eligible employees may apply for this program:
  - At time of hire as a full-time employee
  - Within 30 days of a qualifying event
  - At Open Enrollment
4. If a qualifying event occurs where the employee and their dependents/spouse are no longer covered, they have 30 days from the qualifying event in which to notify the Town's Benefit Administrator, or designee, in writing. At that time, the employee may opt to enroll in the Dental Insurance offered by the Town, and the stipend will cease to be paid.
5. The employee agrees to release the Town from any liability arising from errors or omissions should they fail to notify the Town in writing within 30 days of a qualifying event.
6. Renewal is not automatic, and this program must be applied for annually by June 1.

By providing the required information and signing this form, I am declining coverage through the Town of Amherst group Dental insurance plan and authorize the Payroll Department to issue the yearly buyback amount in twenty-six (26) equal pay periods throughout the fiscal year.

**PLEASE CHECK ONE**

<input type="checkbox"/> Single: \$9.41 per pay	<input type="checkbox"/> Two-Person: \$18.22 per pay	<input type="checkbox"/> Family: \$33.15 per pay
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*Name, Printed*

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*Town Department*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*