

New Hires/Newly Eligible Employees

Upon receipt of the Benefits packet, the employee **MUST** return the signed [Acknowledgement of Health, Dental and Life Insurance Options Packet](#) via first class mail, interoffice mail, hand delivered or faxed to the Benefits Administrator, Town of East Longmeadow - 60 Center Square – East Longmeadow, MA 01028; phone (413) 525-5400 X 1107; fax (413) 525-1137.

Employees who are newly hired or have their hours increased and are regularly scheduled to work 20 or more hours per week are eligible for our group benefits plans and **MUST** elect to participate or waive coverage within 30 days from the date of hire or the effective date of the increased hours. Coverage is effective the first of the month after 30 days of employment or increased hours.

Employees have the right to decline health insurance coverage if they have other coverage and may in the future be able to enroll themselves and their dependents on a town sponsored plan if they request coverage within **30 days** after their other coverage ends. In addition, if you have a new dependent as a result of marriage, birth or adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption and provide proof (e.g., marriage certificate, birth certificate, adoption record) of this “qualifying event”.

The employee **MUST** go to [Employee Self Service](#) to make their elections. If the employee elects to decline health and/or life insurance coverage a [Request to Decline Health Insurance Form](#) and/or a [Basic Life Enrollment/Waiver Form](#) with the waiver of coverage portion filled out **MUST** be submitted. All necessary enrollment forms and documentation to cover any dependents enrolled **MUST** be submitted within 30 days of the date of employment/increased hours. Enrollment changes cannot be processed until the forms are received. All documentation can be submitted via first class mail, interoffice mail, hand delivered or faxed to the Benefits Administrator, Town of East Longmeadow - 60 Center Square – East Longmeadow, MA 01028; ph (413) 525-5400 X 1107; fax (413) 525-1137.