



Health Benefits and Insurance

Martin J. Walsh, Mayor

Employees who involuntarily terminated and who are enrolled in a City health plan at the time of separation and have been making health insurance premium contributions to said health plan may elect to continue their health benefits coverage for one month following separation.

In order to continue coverage, eligible employees must:

- 1) Complete the application below and submit it to the Health Benefits Office no later than 5pm on the last day of the payroll cycle in which they separate.
- 2) Provide payment in full for the outstanding employee premium contributions for the final month of coverage as well as any arrears owed to the Health Benefits Office no later than 5pm on the last day of the payroll cycle in which they separate.

Employee Name: _____ Employee ID #: _____

Department: _____

Health Plan: _____ Coverage Level: Individual Family

Employee Signature: _____ Date: _____

In order to continue coverage for an additional month, you must provide payment in full (check or money order made out to “City of Boston”) along with this application. See monthly premiums effective July 1, 2016 by plan and coverage level below:

Blue Care Elect Preferred PPO	Individual	\$331.11
	Family	\$817.05
Harvard Pilgrim HMO	Individual	\$146.51
	Family	\$394.16
Neighborhood Health Plan (HMO)	Individual	\$122.72
	Family	\$325.39

For questions, please call Health Benefits at 617-635-4570 and ask about your “Term with Benefits” coverage

**PLEASE RETURN SIGNED FORM & FULL PAYMENT TO:
Health Benefits Office, Boston City Hall, Room 807, Boston, MA 02201**

To be completed by Health Benefits Office:

Last day of Health Coverage: _____

To be completed by Human Resources Administrator:

HCM PROCESSING DATES:

Last Day of Work (Date): (Notice of Termination - Functional Termination Date)

Pay Group: Weekly Bi-Weekly

Pay Period End:

Termination of Term w/ Benefits Date: (30 days after Pay Period End Date)