



Town of Pembroke  
Treasurer's Office  
100 Center St.  
Pembroke, MA 02359

***Loss of coverage requirements:***

1. Letter from current/former employer or COBRA notice stating member name and that the loss of coverage was involuntary (e.g., decrease in hours, left employment, divorce/remarriage etc.) or current/former employer has ceased all contributions towards the plan. Proof of 100% employee contribution is required.

**AND**

2. Evidence of coverage letter from former insurance carrier listing names of covered individuals and cancellation dates. If dental coverage terminated as a result of the qualifying event proof of the dental coverage cancellation is also required.

***\*\*\*Please note if enrolling in family coverage our health group, Mayflower Municipal requires an enrollment form, certified marriage certificate to cover spouse or a divorce decree for a former spouse along with birth certificates for dependent children or dependent adults under age 26 years of age. If enrolling with the Town of Pembroke, all paperwork listed above must be submitted within the 30 days of coverage loss date.***