



 Name of Member Unit

Please email this form to
 Deborah Wagner, Director of Accounts at
wagnerd@dor.state.ma.us
 no later than June 30, 2026

This is to certify that we have withdrawn from the Hampshire County Group Insurance Trust (HCGIT) effective _____. We are now insured by _____ effective _____.

Further, we elect to amortize the FY2026 HCGIT deficit (check one) Yes_____ No_____

Majority of the below signatures required:

- For Cities: City Councilors, Aldermen, Mayor
- For Towns: Board of Selectmen
- For Special Purpose Districts,
- For Regional School Districts, School Committee

 Signature

 Date

 Signature

 Date

 Signature

 Date

 Signature

 Date

 Signature

 Date

 Signature

 Date