

**Branchburg Township Board of Education
Medical / Prescription / Dental Waiver Form
School Year _____**

**If you are waiving your medical, prescription and/or dental insurance coverage,
please return this form to the Business Office ASAP.**

I, _____ hereby elect to waive the following insurance coverage for
the _____ school year:

Medical: (Check all that apply)

_____ I will **waive** the medical insurance plan
(I am currently enrolled in a _____ contract type)*

Prescription: (Check all that apply)

_____ I will **waive** the prescription plan
(I am currently enrolled in a _____ contract type)*

Dental: (Check all that apply)

_____ I will **waive** the dental insurance plan
(I am currently enrolled in a _____ contract type)*

Employee Signature

Date

Signature of Certifying Officer

Date

- If waiving my medical, prescription and/or dental insurance plan(s), I understand the terms and conditions. I understand my re-entry rights. I acknowledge the taxable nature of the waiver payment.
- Please list dependent children and their birth date on the following page.
- ***I am able to provide proof of medical, prescription and/or dental insurance coverage through my spouse or through a prior employer. Proof is submitted with this form.***

****Please indicate contract type – Single, Parent/Child(ren), Employee/Spouse or Family.***

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DEPENDENTS:

PLEASE LIST ANY **DEPENDENT CHILDREN** AND THEIR BIRTH DATE BELOW.

THANK YOU.

NAME

BIRTH DATE

_____	_____
_____	_____
_____	_____
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_____	_____

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What is the purpose of this form?

The purpose of this form is to indicate your election to waive medical, prescription and/or dental insurance.

You may separately waive or keep medical, prescription, and dental.

What is involved in waiving insurance?

If you and your dependents are eligible for insurance through your spouse (even if your spouse works in the District), through a retirement plan from a prior employer, or through any other source, you are eligible to waive your plan(s) in return for a **cash payment**.

You will receive 25% of the employer premium cost, not to exceed \$5,000.00 annually. You will receive half the specified amount in your second December paycheck and half in your second June paycheck.

If you waive any of the District's plans, you and your family have the right to re-enter the plan under the following conditions:

1. During the open enrollment period each May for any reason.
2. Immediately, upon proof of any of the following:
 - Your spouse's death, disability, or loss of employment
 - Divorce or legal separation
 - Activation of your spouse to full-time military status

What do I lose by having only my spouse's plan(s) covering me and my family?

The primary value in having two insurance plans in one family is the ability to coordinate benefits between the two plans. In determining whether waiving the District's plan makes sense for you, you should weigh the value of the cash payment for doing so against the maximum potential value of coordinating with two plans.

Typically, you realize greater financial gain from the waiver payment than you do from coordinating two plans. Review your spouse's plan carefully to make sure you are comfortable with the level of benefits provided.

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Is the waiver payment taxable? Does it count towards my pension?

The payment **is** taxable.

The waiver payment **does not** increase future pension benefits.

Whom do I contact with questions?

Please direct your questions to the Cathy DiCosimo in the Board Office at extension 4750 or by email at cdicosimo@branchburg.k12.nj.us.