

TRENTON PUBLIC SCHOOLS

BENEFITS WAIVER OPTION FORM

Employee Name: _____ Social Security No.: ____-____-____

Contact Phone Number: (____) ____-____ Date of Hire: ____/____/____

I was given the opportunity to enroll in my employer’s medical and prescription plans and I am voluntarily waiving my enrollment in the following plan(s):

Please select only one option for Medical and one option for Prescription:

- | Medical | Prescription |
|---|--|
| <input type="checkbox"/> Single (HMO, POS, PPO, Traditional) | <input type="checkbox"/> Single |
| <input type="checkbox"/> Employee and Spouse (HMO, POS, PPO, Traditional) | <input type="checkbox"/> Employee and Spouse |
| <input type="checkbox"/> Family (HMO, POS, PPO, Traditional) | <input type="checkbox"/> Family |
| <input type="checkbox"/> Employee and Child(ren) (HMO, POS, PPO, Traditional) | <input type="checkbox"/> Employee and Child(ren) |

I understand I must meet all the applicable deadlines in order to waive my rights to coverage or to be considered for re-enrollment into the medical and/or prescription plan.

I understand that I must complete a waiver form and submit a copy of my current medical and prescription cards annually in order to receive reimbursement. No payments will be provided retroactively for submissions after July 1st.

Signature: _____ Date: _____

VERIFICATION OF OTHER MEDICAL COVERAGE

(To be completed by the subscriber’s employer company/representative)

Please verify that the subscriber, _____, has medical coverage as indicated below.

This coverage is provided by: _____ (Insurance Carrier).

Please check coverage type and health plan:

- | | |
|--|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> State Health Benefits Program (SHBP) |
| <input type="checkbox"/> Employee and Spouse | <input type="checkbox"/> School Employees’ Health Benefits Program SEHBP |
| <input type="checkbox"/> Family | <input type="checkbox"/> Private Plan |
| <input type="checkbox"/> Employee and Child(ren) | |

The information stated above is correct.

Name of Company: _____

Representative Name (please print): _____

Representative Title (please print): _____

Signature: _____

Telephone Number: _____ Date: _____