

**MATAWAN-ABERDEEN REGIONAL SCHOOL DISTRICT**  
**2022/2023 Health Benefits Waiver for Administrators**

**Employee Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Date of hire:** \_\_\_\_\_  
**Marital Status:** **Single** \_\_\_\_\_ **Married** \_\_\_\_\_ **Widowed** \_\_\_\_\_ **Divorced** \_\_\_\_\_

I was given the opportunity to enroll in Group Health Benefits by my employer.

I hereby agree to waive the following health benefits from the Matawan-Aberdeen Regional School District.

\_\_\_\_\_ Medical Coverage (Horizon BCBS - group # 08505C)  
\_\_\_\_\_ Prescription Coverage (Benecard - group # 1139)  
\_\_\_\_\_ Dental Coverage (Delta Dental - group # 07069)

Check the type(s) of coverage you wish to waive:

Single \_\_\_\_\_ 2 Adults \_\_\_\_\_ Family \_\_\_\_\_ Parent/Child \_\_\_\_\_

Reason for refusal:

\_\_\_\_\_ Other group coverage \* sponsored by my spouse's employer.  
\_\_\_\_\_ Other group coverage \* sponsored by another organization.  
\_\_\_\_\_ Other reason: please explain: \_\_\_\_\_

\* Please provide name of carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

The District has agreed to pay me the sum of \$2,000.00 for single or husband/wife coverage, \$2,500.00 for family coverage, in lieu of medical coverage.

The District has agreed to pay me the sum of \$500.00 in lieu of prescription coverage.

The District has agreed to pay me the sum of \$100.00 in lieu of dental coverage.

Note: These sums are paid in January and June and are prorated for employees who waive coverage during the current school year. I further agree that I will indemnify and hold harmless the Board of Education and the MatawanAberdeen Regional Education Association from any and all claims as a result of any impact this waiver may have on me or my family members.

I understand that: I will need to provide a copy of proof of other insurance; and that neither I nor any of my dependents will have coverage for the period of July 1, 2022 through June 30, 2023.

If waiving family, parent/child, 2 adults coverages, proper documentation is required: marriage certificate, birth certificates of dependents. Waiver forms must be resubmitted each benefit year, no need to resubmit documents each year (marriage license, birth certificates), but a signed waiver form with proof of coverage is still required.

I also understand that: I can resume coverage due to loss of my other coverage; and I will need to provide to my employer a copy of the proof of the loss of other coverage within 60 days of the loss of other coverage.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_