

Glen Ridge Board of Education
Health Benefits Waiver

Name: _____

I was given the opportunity to enroll in:

- Aetna Choice POS II
- Aetna QPOS
- Aetna POS II HDHP
- NJ Educator's Health Plan (NJEHP)
- Express Scripts Prescription Plan
- Delta Dental
- NVA Vision

Subject to employee contributions and I refused because:

- Other group coverage sponsored by my spouse's employer.
(Must provide carrier & group #)
- Other reasons (Please Explain: _____)

I understand that if I later wish to enroll for any of the coverage (s) requested, I must wait for open enrollment which occurs once a year in the fall and becomes effective January 1, or in the event of a change of life status, immediate re-enrollment will be permitted.

Signature of Employee

Date