

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: \_\_\_\_\_)

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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