

FRANKLIN LAKES SCHOOLS
490 Pulis Avenue
Franklin Lakes, New Jersey 07417

2019/2020
REFUSAL OF BENEFITS

According to the Agreement between the Board of Education and the Franklin Lakes Education Association you can elect to waive benefits (if you are covered through his or her spouse's employer) and receive the maximum according to State Law.

I am requesting to waive Health, Prescription and Dental coverage through the Franklin Lakes Board of Education, effective September 1, 2019.

By signing below, I certify that myself and eligible dependents are covered under another's persons insurance plan and I will have the right to re-enroll should our family circumstances change.

Total reimbursement will be paid in December and June.

Check which plan you would
be eligible for

Family _____
Husband/Wife _____
Parent/Child _____
Single _____

I elect to Waive all coverage _____

I elect to keep Dental _____

I elect to keep Benecard _____

_____ I am currently being reimbursed and wish to continue

Signature

Date