

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

**2018/2019**  
**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, 2018.

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