2020 – 2021 Waiver Incentive Benefits Enrollment Form

Glassboro Board of Education

I. EMPLOYEE (PARTICIPANT) INFORMATION (Please print)

Last Name:	First Name:	M.I.	Employee ID #:

II. 2020 – 2021 WAIVER INCENTIVE BENEFIT OPTIONS

I hereby voluntarily waive my right effective 07/01/2020 to participate in the:

☐ 2020–2021 Health/Prescription Benefit ☐ 2020 – 2021 Dental Benefit

HEALTH/PRESCRIPTION INSURANCE WAIVER INFORMATION

Name of Medical Carrier:	Group Number/Policy Number
Name of Prescription Carrier:	Group Number/Policy Number

DENTAL INSURANCE WAIVER INFORMATION

Name of Dental Carrier:	Group Number/Policy Number

III. WAIVER INCENTIVE CONDITIONS

A. All employees eligible for health/prescription, and/or dental benefits may participate in the Waiver Incentive Benefits Program if **all** of the following conditions are met:

1. The employee produces evidence of similar comprehensive health and prescription, and/or dental insurance coverage that is currently being provided by the Glassboro Public Schools.
2. The employee is eligible to receive health/prescription, and/or dental insurance paid by the Glassboro Public Schools.
3. The employee signs, on an appropriate form, a voluntary waiver waiving the health/prescription, and/or dental insurance benefits and requesting payment in lieu thereof.

B. Any employee who has waived participation in the Glassboro Public Schools insurance plans for himself or herself, and his or her dependents, if any, shall not be eligible for any benefits provided by such programs (health/prescription, and/or dental) in the year or years in which, the waiver is in effect. The waiver shall be in effect until such time as it is revoked by a written revocation. An employee shall be able to regain membership in Glassboro Public Schools health/prescription, and/or dental insurance plans under the following conditions:

1. Life event change (i.e.: other group plan discontinued, loss of coverage through divorce, death, or disability). Waivers may be revoked and the employee and their dependents, if any, may regain coverage under the Glassboro Public Schools health and prescription, and/or dental insurance plans effective the first day of the month following the employee's written request for reinstatement of coverage, so long as the business office has received the necessary completed application(s).
2. If the employee wishes to revoke the waiver for any reason other than a life event change, the reinstatement may be effective at the beginning of the new plan year during open enrollment **(which is July 1st of every year)**.
3. Upon revocation of the waiver and regaining coverage, the employee and dependents, if any, shall be subject to the same conditions as those stated for a new employee, with the exception that the waiting period will be waived.

C. An employee executing a waiver shall be entitled to a payment of **$2,000 for health/prescription insurance combined, payable in quarterly installments of $500 per installment** at the end of the 3 month period in which the employee waived coverage. The payment will be processed in the month following the quarterly period of waived coverage and released on the 2nd payroll of that month.

D. An employee executing a waiver shall be entitled to a payment of **$100 for dental insurance, payable in quarterly installments of $25 per installment** at the end of the 3 month period in which the employee waived coverage. The payment will be processed in the month following the quarterly period of waived coverage and released on the 2nd payroll of that month.

E. An employee understands that these payments are taxable and will be included on their W-2 Form for the year years in which payment for the waiver is in effect.

IV. EMPLOYEE (PARTICIPANT) INFORMATION (Please print)

I have read and understand the above. I have explained these conditions to my eligible dependents, if any and I assume full responsibility of this decision to accept the 2020-2021 Health/Prescription Waiver and/or 2020-2021 Dental Benefit Waiver.

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Employee Signature **Date**

Please return your completed form via e-mail to ewilliams@gpsd.us AND jgamble@gpsd.us . Please attach a photo copy of your current insurance card(s) where applicable.