



# Public Schools of Edison Township

312 PIERSON AVENUE \* EDISON, NEW JERSEY 08837  
TELEPHONE (732) 452-4900 FACSIMILE (732) 452-4993

Employee First Name Last Name: (PLEASE PRINT)

---

## Medical Plan Coverage (select one)

- Horizon NJ Educators Plan \_\_\_\_\_
- Garden State Health Plan \_\_\_\_\_
- Horizon Omnia (Not available to New Hires) \_\_\_\_\_
- Horizon Direct Access (Not available to New Hires) \_\_\_\_\_
- Not electing Medical Plan Coverage \_\_\_\_\_

## Dental Plan Coverage (select one)

- Aetna \_\_\_\_\_
- DSO \_\_\_\_\_
- Not electing Dental Plan Coverage \_\_\_\_\_

## Prescription Plan Coverage (select one)

- Express Scripts \_\_\_\_\_
- Not Electing Prescription Plan Coverage \_\_\_\_\_

## Vision Plan Coverage (Optional/Voluntary coverage) (select one)

- Horizon/Davis Vision View Network \_\_\_\_\_
- Not Electing Vision Plan Coverage \_\_\_\_\_

Notes \_\_\_\_\_

---

For Office Use Only:

Hire Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Employee First Name Last Name: (PLEASE PRINT)

\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Coverage Type - **Circle One:** **Single** **Member/Spouse** **Parent/Child** **Family**

\_\_\_\_\_

Spouse First Name Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Required Documents Attached: Social Security Card \_\_\_\_\_ Marriage Certificate \_\_\_\_\_

Child First Name Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Required Documents Attached: Social Security Card \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Child First Name Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Required Documents Attached: Social Security Card \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Child First Name Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Required Documents Attached: Social Security Card \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Employee Signature: \_\_\_\_\_