

South River Board of Education

2026/2027 Waiver of Health Benefits Acknowledgment Form

Employee's Name: _____
(printed)

Per your appropriate Collectively Bargained Agreement, the District offers a benefits waiver option to employees who have other health insurance coverage available to them outside of the South River Health Benefits Program.

In order to be eligible for the program, you (and your eligible dependents, if any) must be covered by another health benefits program and show proof of other coverage. In addition to this, you must also complete this form and the attached Waiver of Health Benefits form. **If you are opting out for the first time, you must submit a copy of your birth certificate along with copies of all dependents' birth certificates and a copy of your marriage license if applicable.** Upon completion of the necessary forms, a payment in the amount of 25% of the annual Medical, Prescription Drug and/or Dental Premium capped at \$5,000.00 will be made (based on Single or Family Waiver) on June 15th of the current year. If your employment has begun after July 1st, or if you opt out of the plan due to a change of life circumstance (as listed on the Waiver of Health Benefits form), your payment will be pro-rated based on the number of months during the plan year that you opted out of the benefits package (i.e. If you opt out of the Plan on a Family basis on November 1st, your payment will be 8/12ths of the family waiver amount paid June 15th of the following year.)

If you elect to participate in the Benefits Waiver Program effective July 1, 2026, your amount, payable on or about June 15, 2027, will be the total annual amount, which calculates to the contractual amount, depending on your enrollment status.

The Open Enrollment for this Waiver Program will be held approximately at the same time each year as your other benefit options, which is in May for a July 1st effective date.

Please note that in order to participate in the Waiver Program, you must elect to opt out of the South River Health Benefits Plan each and every year during the District's annual Open Enrollment, which is conducted in May for a July 1st effective date. The District WILL NOT contact you or automatically send you the attached Waiver of Health Benefits form. Waiver of Health Benefits forms, along with this acknowledgment form, will be available to employees at time of hire and open enrollment at the Board Office. Once again, it will be your responsibility to obtain, complete and return the Waiver of Health Benefits form each and every year. If you do not opt out of the benefits plan at Open Enrollment each year, you, along with your eligible dependents as listed on this form, will be automatically re-enrolled in the plan effective July 1st and no waiver payment will be made. If the District should need to re-enroll you in the plan, re-enrollment will occur only for the Medical and Prescription Drug benefits (not the Dental Plan).

The following information will be used to re-enroll you (and any eligible dependents) if you do not complete the waiver form at next Open Enrollment (May 2027). If the below information is no longer accurate at the next Open Enrollment, you must report the changes to the Board Office during Open Enrollment or the following information will be used for re-enrollment. Please provide the following information:

Employee Information:

Name SSN Date of Birth / /

Dependent Spouse & Child(ren) Information (if any):

Name SSN Date of Birth / /

Name SSN Date of Birth / /

Name SSN Date of Birth / /

(Please use back if additional space is needed.)

I hereby certify that the statement and information submitted above is correct.

Signature:

Date: