



Manville School District

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Group Insurance Waiver Form July 1, 2026, to June 30, 2027

I waive my right to elect the Medical and/or Dental Plan offered by the Manville Board of Education for the period July 1, 2026, to June 30, 2027. Waivers should be received no later than June 15, 2026; no waivers will be accepted after that date. You can interoffice to Payroll.

Medical and/or Dental - Please select the coverage you are waiving below

- ☐ (Payable in two installments) **Single Category**
- ☐ (Payable in two installments) **Couple Category**
- ☐ (Payable in two installments) **Family Category**
- ☐ (Payable in two installments) **Parent & Child Category**

Must provide proof of other coverage, along with a copy of the insurance card for all members.

Policy Number _____
Carrier _____

Please be advised that under Article 13 of the current contract between the Manville Board of Education and the Manville Education Association, an individual may elect, with conditions, to "***Waive Health Benefits***" with remuneration from the Manville Board of Education. "***The amount of the waiver payment shall be 25% or \$5,000, whichever is less, of the amount saved by the Board.***" Under current regulation, Chapter 78 P.L.2011, "***Employees who waive only a portion of the Board's health insurance coverage are not entitled to receive any waiver payments, both dental & health need to be waived.***"

I waive my current coverage effective July 1, 2026, in return for a taxable cash incentive. Two payments will be made over the next school year. One payment will be made on/or about December 15th, 2026, and the second payment will be made on/or about June 15, 2027. I may re-enroll unconditionally each subsequent July 1st, or I may also re-enroll immediately if I submit proof of a life status change (e.g., unemployment, death, disability of a spouse, divorce or legal separation, activation to full-time military status, newborn, etc.)

By signing below, I acknowledge that I fully understand the terms of this Group Insurance Waiver Form.

Signature _____ Printed Name _____ Date _____

The Contract Agreement between the Association and the Manville Board of Education – along with the contracted rates between the Board and its designated group insurance carrier(s) – will supersede any potential errors or omissions in this document.

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Every Child, Every Day