

Lumberton Board of Education

Aetna Medical Benefits Waiver

LTEA /ALSA Members

Employee Name: _____

School Year: 2021 - 2022

I would like to waive the following Medical Coverage (SELECT ONE):

Aetna Choice POS II \$15 Copay

Aetna Choice POS II \$15/\$25 Copay

Choice POS II \$20/\$30 Copay

Choice POS II \$20/\$35 Copay

QPOS \$10 Copay

QPOS \$20 Copay

QPOS \$20/\$35 Copay

** New Jersey Educator's Health Plan

** All employees hired after 7/1/2020 who are waiving coverage must choose to waive the New Jersey Educator's Health Plan

YOU MUST SUBMIT A COPY OF YOUR CURRENT INSURANCE CARD WITH THIS FORM.

I am waiving the following coverage:

Employee Only

Employee/Spouse

Parent /1 Child

Parent/Children

Family

Employee Signature: _____

Date: _____

Date Received in Board Office: _____

Payroll and Benefits Signature: _____

PLEASE RETURN COMPLETED FORM to Payroll and Benefits by May 14, 2021.