

Sussex Wantage Regional School District

Participation and Waiver Form

THIS FORM IS REQUIRED FROM EVERY BENEFITS ELIGIBLE EMPLOYEE

These elections are effective **July 1, 2019 through June 30, 2020**

CHECKMARK
BELOW:
NO CHANGES
TO MAKE

CHECKMARK
BELOW:
CHANGES TO
MAKE

NO PLAN CHANGE
Keep plan coverage
same as School Year
2018-2019 _____

GROUP MEDICAL via Horizon (check one)																																						
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PLAN CHANGE
School Year 2019-2020
Med Plan _____
Tier _____

NO PLAN CHANGE
Keep plan coverage
same as School Year
2018-2019 _____

GROUP PRESCRIPTION DRUG via Horizon (check one)																									
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PLAN CHANGE
School Year 2019-2020
Rx Plan _____
Tier _____

I AM DISCONTINUING MY PARTICIPATION IN THE GROUP MEDICAL/PRESCRIPTION DRUG PROGRAM-- I HAVE COVERAGE THROUGH ANOTHER PLAN.

I AM CHANGING MY ENROLLMENT - i.e., Plan election change and/or dropping or adding dependents.

I AM WAIVING PARTICIPATION IN THE GROUP MEDICAL/PRESCRIPTION DRUG PROGRAM --I HAVE COVERAGE THROUGH ANOTHER PLAN. (YOU MUST ATTACH A COPY OF YOUR CURRENT INSURANCE CARD AS PROOF OF INSURANCE WHEN SUBMITTING THIS FORM)

NO PLAN CHANGE
Keep plan coverage
same as School Year
2018-2019 _____

GROUP DENTAL via Delta Dental (check one)									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Tier</th></tr> <tr><td><input type="checkbox"/></td><td>Employee Only</td></tr> <tr><td><input type="checkbox"/></td><td>Employee +1</td></tr> <tr><td><input type="checkbox"/></td><td>Employee +2 or more</td></tr> </table>	Tier		<input type="checkbox"/>	Employee Only	<input type="checkbox"/>	Employee +1	<input type="checkbox"/>	Employee +2 or more
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<input type="checkbox"/>	Employee +1								
<input type="checkbox"/>	Employee +2 or more								

PLAN CHANGE
School Year 2019-2020
Dental Tier _____

I AM WAIVING OR DISCONTINUING MY PARTICIPATION IN THE GROUP DENTAL PROGRAM.

I AM CHANGING MY ENROLLMENT - i.e., Plan election change and/or dropping or adding dependents.

NO PLAN CHANGE
Keep plan coverage
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2018-2019 _____

VOLUNTARY VISION via Superior Vision (check one)											
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Tier											
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PLAN CHANGE
School Year 2019-2020
Vision Tier _____

I AM WAIVING OR DISCONTINUING MY PARTICIPATION IN THE VOLUNTARY VISION PLAN.

I AM CHANGING MY ENROLLMENT - i.e., Plan election change and/or dropping or adding dependents.

IMPORTANT NOTE :

For each benefit that you are newly electing and/or changing, a **NEW ENROLLMENT FORM** must be completed/submitted. "Changes" are defined as: changing Medical/Rx, Dental, Vision plans, adding or dropping dependents, and/or terminating coverage in which you were previously enrolled. Enrollment forms can be obtained from Nancy Sisto.

I UNDERSTAND THE ABOVE ELECTIONS ARE EFFECTIVE THROUGHOUT THE COVERAGE PERIOD AND MAY NOT BE CHANGED UNTIL THE NEXT OPEN ENROLLMENT UNLESS I EXPERIENCE A QUALIFYING LIFE STATUS EVENT. IN THE CASE OF A QUALIFYING LIFE STATUS EVENT, I UNDERSTAND THAT I AM PERMITTED 30 DAYS FROM THE DATE OF THE LIFE EVENT TO MODIFY MY ELECTIONS.

(*Qualifying Life Status Events may include: marriage, divorce, birth or adoption of a child, death of a spouse or child, termination or commencement of employment of a spouse, change in your or your spouse's employment status from benefits eligible to non-benefits eligible.)

Print Name: _____

Signature: _____

Date Signed: _____

Office Use Only
030 PPO Rx1
020 PPO Rx2
010 DA Rx1
025 DA Rx2
015 EPO Rx1
030 EPO Rx2

SUBMIT COMPLETED AND SIGNED FORM TO NANCY SISTO NO LATER THAN MAY 24, 2019.