

Egg Harbor Township Schools

Business Office

13 Swift Drive
Egg Harbor Township, NJ 08234
www.eht.k12.nj.us

Chandra D. Anaya, CPA
Business Administrator

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WAIVER – Medical/Vision and Prescription Insurances

Your signature affixed to this document indicates that you are waiving your medical/vision and prescription benefits as offered through your employment with the Egg Harbor Township School District.

This waiver has no impact on your dental insurance benefits through the district.

Print Name: _____

Sign Name: _____

Date: _____

Important Note: You may decide to enroll at a later date as follows:

1. You may enroll upon loss of benefits through your spouse, parent or another employer. You must provide proof of loss of coverage and process the enrollment forms with the necessary documentation within 60 days of the loss of benefits.
2. You may enroll during our open enrollment period. Open enrollment period is as follows:

Process documents during the month of May, effective July 1

If you have questions concerning your benefits, please contact:

Megan Halka, Benefits Analyst

Contact Information:

Email: halkam@eht.k12.nj.us
Voice: 609-646-7911 extension 1023
Fax: 609-601-2923