



**TOMS RIVER REGIONAL SCHOOLS BOARD OF EDUCATION**

1144 Hooper Avenue  
 Toms River, New Jersey 08753  
 (732) 505-5500

Michael Citta  
 Superintendent of Schools

William J. Doering  
 Business Administrator

**HEALTH INSURANCE WAIVER FORM**

I hereby waive health insurance benefits (in which I am currently enrolled/eligible) with the Toms River Regional Schools Board of Education. I understand that this includes medical, prescription, dental and vision coverage. I hereby certify that I am currently married to or a dependent child of a Toms River Regional Schools Board of Education employee and will receive benefits as his/her dependent.

I understand that I will not be compensated for such waiver however I will no longer have Ch. 78 deductions taken from my pay and utilized towards benefits.

I also understand that I may only re-enroll into any eligible coverage during an Open Enrollment period, or upon proof of any qualifying event as defined by the health insurance provider.

Employee Name \_\_\_\_\_ **DOB** \_\_\_\_\_  
 (Last) (First) (MI)

Home Address \_\_\_\_\_ Home Number \_\_\_\_\_  
 \_\_\_\_\_ Cell Number \_\_\_\_\_

Personal Email Address \_\_\_\_\_ School/Work Location \_\_\_\_\_

Insured Spouse/Parent Name \_\_\_\_\_ Effective Date of Waiver \_\_\_\_\_

Current Contract Type:  Single  Emp/Spouse  Emp/Child(ren)  Family

Please List all Persons who will be Covered under your Spouse's/Parent's insurance plan with TRRS:

Name (Last, First, MI)	Relation (Spouse/Child)	Gender (M or F)	DOB (Mo/Day/Year)

I certify that the information presented on this form is true and correct.

Employee Name - Waiving Coverage (Print) \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Insured Spouse/Parent Name (Print) \_\_\_\_\_ Insured Spouse/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:			
Rec'd TRBOE _____	Added to Spreadsheet _____	Payroll Notified _____	
Emp SS# _____	Position/Loc _____	Unit _____	Salary _____
Sp/Parent SS# _____	Position/Loc _____	Unit _____	Salary _____