

Shamong Township Board of Education

Benefits Waiver “Opt-Out” Election Form

Dental Insurance

July 1, 2024 – June 30, 2025

The Shamong Township Board of Education is offering dental benefits “Opt-Out” compensation to eligible employees who choose to waive the Board’s dental insurance coverage. Under this provision an employee may elect to waive their dental benefit coverage and receive cash payments. Employees who elect to waive their dental insurance coverage shall be compensated an amount reflecting 30% of the dental insurance premium by the Board of Education. The “Opt-Out” compensation will be paid in one installment. This offering has several important implications that should be considered:

1. The payment will be treated as taxable income.
2. The waiver of benefits must be for a *contract year* UNLESS your alternate dental insurance (if applicable) is discontinued for some reason (i.e. loss of job, loss of benefits, divorce, etc.).

It is the employee’s responsibility to notify the Benefits Department if your other coverage is lost for any reason and to complete an enrollment application as soon as possible.

Employee Name: _____
(Please print.)

I elect to opt out of my dental coverage.

Level of coverage waived– check one:

Single Parent/Child Member/Spouse Family

I have read, understood, and agree to the provisions outlined above.

Employee Signature: _____

Date: _____