

Lumberton Board of Education
33 Municipal Drive
Lumberton, NJ 08048

DELTA DENTAL WAIVER FORM

Plan Year 2020

I hereby waive my entitlement to Delta Dental protection. All eligible employees must waive their dental benefits for the full year, **January 1, 2020 through December 31, 2020**, to be eligible for payment in-lieu of benefits. Therefore, any eligible employee who waives dental benefits for less than the full year will not be eligible for any payment. (Employees hired during 2020 eligible for benefits may waive them from their effective benefits start date until December 31, 2020.)

In order to complete the form in full, please circle what option you are waiving below:

Employee Only

Employee/Spouse

Parent/1 Child

Parent/Children

Family

PLEASE RETURN COMPLETED FORM to Payroll and Benefits by November 1, 2019.

EMPLOYEE SIGNATURE

DATE

PLEASE PRINT NAME

SCHOOL LOCATION