

Lumberton Board of Education
Aetna Medical Benefits Waiver
Non-Represented Members

Employee Name: _____

Plan Year: 2020

**** Due to Payroll and Benefits by November 1, 2019 ****

I would like to waive the following Aetna Medical Coverage:

Aetna Choice POS II \$10 Copay (formerly Horizon Direct Access 10)	<input type="text"/>
Aetna Choice POS II \$15 Copay (formerly Horizon Direct Access 15)	<input type="text"/>
Aetna Choice POS II \$15/\$25 Copay (formerly Horizon Direct Access 15/25)	<input type="text"/>
Choice POS II \$20/\$30 Copay (formerly Horizon Direct Access 20/30)	<input type="text"/>
Choice POS II \$20/\$35 Copay (formerly Horizon Direct Access 20/35)	<input type="text"/>
 QPOS \$10 Copay (formerly Horizon POS \$10 Copay)	 <input type="text"/>
QPOS \$20 Copay (formerly Horizon POS \$20 Copay)	<input type="text"/>
QPOS \$20/\$35 Copay (formerly Horizon POS \$20/\$35 Copay)	<input type="text"/>

YOU MUST SUBMIT A COPY OF YOUR CURRENT INSURANCE CARD WITH THIS FORM.

I am waiving the following coverage:

Employee Only	<input type="text"/>	Employee/Spouse	<input type="text"/>
Parent /1 Child	<input type="text"/>	Parent/Children	<input type="text"/>
		Family	<input type="text"/>

Employee Signature: _____

Date: _____

Date Received in Board Office: _____

Payroll and Benefits Signature: _____