

Township of Teaneck

Department of Human Resources
818 Teaneck Road
Teaneck, New Jersey 07666

MEDICAL INSURANCE WAIVER SURVEY

Name: _____

Date: _____

You are receiving this survey because you previously agreed to waive Township provided health benefits coverage with the State Health Benefits Program (SHBP). In accordance with Chapter 92, P.L. 2007 and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment rules set forth by the Division of Pensions and Benefits pre or post 2010.

Carefully review this form in its entirety, and place your answers where indicated. Return the completed survey to Human Resources by January 8, 2016.

Question #1: Do you wish to continue to waive the State Health Benefits Coverage which you are entitled to receive because you are covered by other health insurance coverage?

Yes: No:

Question #2: Who is your current Health Insurance Provider?

SHBP: School Employee Health Benefit Plan (SEHBP):

Other: _____

Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

(Check off one Option)

I would enroll in SHBP.

I would continue to Waive Health Insurance Coverage.

Thanking you in advance for your anticipated cooperation.

Dean Kazinci
Director of Human Resources