

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name



Date:

1/4/16

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: \_\_\_\_\_

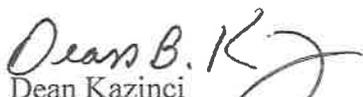
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/5/16

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.

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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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 01/01/16

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.

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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: NOT SURE

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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: \_\_\_\_\_

Date: Jan. 6, 16

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.

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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: \_\_\_\_\_

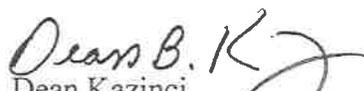
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**(Check off one Option)**

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

Redactions in accordance with:

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and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: \_\_\_\_\_

Date: 1-6-16

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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: Horizon BCBS of NJ Blue Card PPO

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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

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and  
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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: 

Date: 01/06/16

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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: HORIZON Direct Access

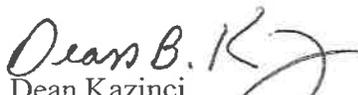
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

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and

N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: 

Date: 1/7/16

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):

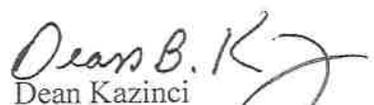
Other: \_\_\_\_\_

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

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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: \_\_\_\_\_

Date: 01/04/2016

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.

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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.

*Family*

I would continue to Waive Health Insurance Coverage.

Thanking you in advance for your anticipated cooperation.

*Dean B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/4/16

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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: \_\_\_\_\_

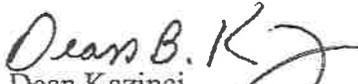
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**(Check off one Option)**

I would enroll in SHBP.

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Dean Kazinci  
Director of Human Resources

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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name:



Date:

1/1/16

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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:



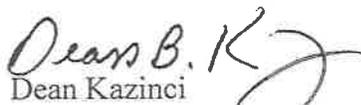
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**(Check off one Option)**

I would enroll in SHBP.

I would continue to Waive Health Insurance Coverage.

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Director of Human Resources

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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: 

Date: 1/4/16

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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: Cigna

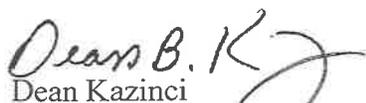
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name



Date: 11/8/16

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: Qualcare

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

Redactions in accordance with:

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N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/8/15

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.

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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: Atena

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

Redactions in accordance with:

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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/12/16

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.

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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:

GHI

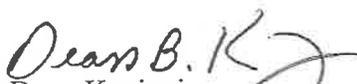
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name:



Date: 1-6-16

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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: Horizon

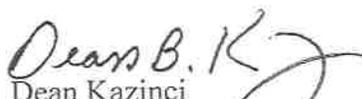
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name:



Date: 12/31/15

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.

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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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

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# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/5/16

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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.

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Dean Kazinci  
Director of Human Resources

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N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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818 Teaneck Road  
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## MEDICAL INSURANCE WAIVER SURVEY

Name



Date:

1/4/16

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Yes:

No:

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

SHBP:

School Employee Health Benefit Plan (SEHBP):

Other: \_\_\_\_\_

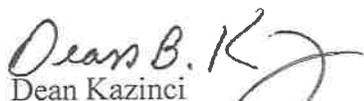
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**(Check off one Option)**

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Director of Human Resources

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and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: JANUARY 6<sup>TH</sup> 2016

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:

BUE CROSS BUE SHIELD

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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

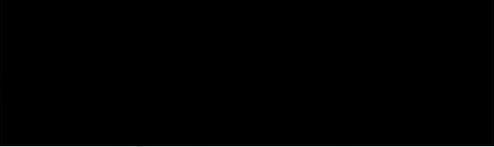
Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: 

Date: 12/30/15

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:

United Health Care

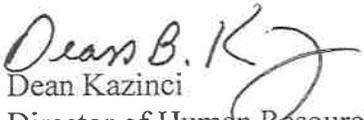
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 12/29/15

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.

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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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

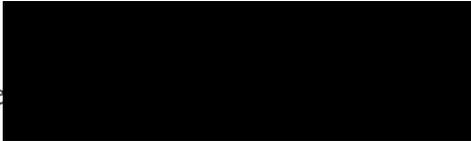
N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name



Date: 12-30-15

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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: MEDICARE, ANTHEM BLUE CROSS

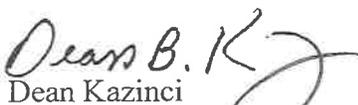
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**(Check off one Option)**

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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/4/16

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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: \_\_\_\_\_

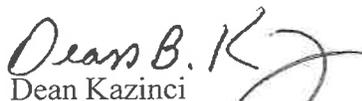
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**(Check off one Option)**

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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: 

Date: 12/30/15

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Yes:

No:

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

SHBP:

School Employee Health Benefit Plan (SEHBP):

Other: \_\_\_\_\_

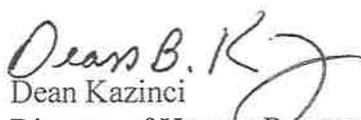
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**(Check off one Option)**

I would enroll in SHBP.

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Thanking you in advance for your anticipated cooperation.

  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: 

Date: 12/2/15

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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: \_\_\_\_\_

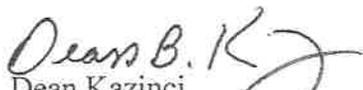
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**(Check off one Option)**

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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/8/16

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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/1/16

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.

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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: \_\_\_\_\_

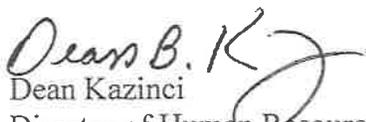
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name



Date:

1/1/16

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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:

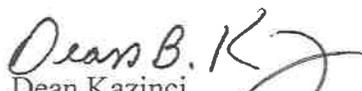
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

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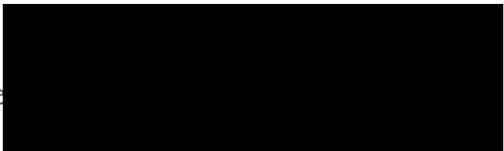
N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name



Date: 01/01/2016

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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: unknown

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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 11/29/15

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.

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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: WIFE'S EMPLOYER

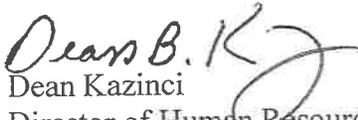
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
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N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 12/31/2015

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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?

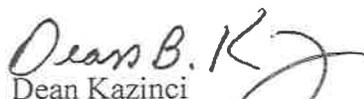
SHBP:  School Employee Health Benefit Plan (SEHBP):   
Other:  \_\_\_\_\_

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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/4/16

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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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1-8-2016

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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:

Unitedhealthcare Choice Plus

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

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and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name:



Date: 12/31/15

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Yes:  No:

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

SHBP:  School Employee Health Benefit Plan (SEHBP):

Other: WIFE'S HORIZON NJ DIRECT 10

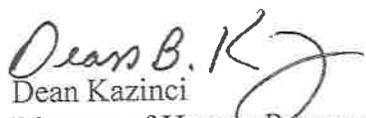
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**(Check off one Option)**

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

Redactions in accordance with:

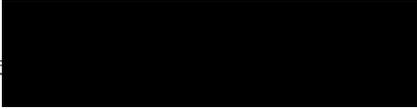
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and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name



Date: 12/29/15

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Yes:  No:

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

SHBP:  School Employee Health Benefit Plan (SEHBP):

Other: Horizon

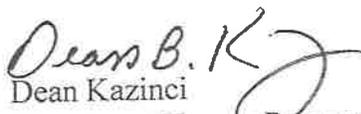
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**(Check off one Option)**

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I would continue to Waive Health Insurance Coverage.

Thanking you in advance for your anticipated cooperation.

  
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Director of Human Resources

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N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name



Date:

12/31/15

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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:



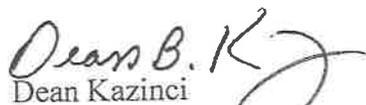
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1-8-16

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:

CIGNA

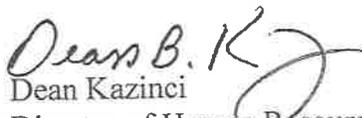
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1-8-16

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:

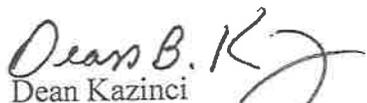
Question #2: Who is your current Health Insurance Provider?

SHBP:  School Employee Health Benefit Plan (SEHBP):   
Other: AETNA

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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 12-30-15

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: NJ BLUE CROSS BLUE SHIELD HSA 100/70

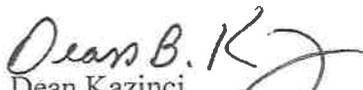
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 12/29/15

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: Medicare & Supplemental

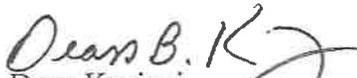
Question #3: If the Township's Waiver Incentive Program **ended** for municipal employees, how would that impact your decision on health insurance coverage?

**(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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 12/29/15

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:

ACTNA - (Through my husbands employer)

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.

NOT SURE AT THIS POINT

Thanking you in advance for your anticipated cooperation.

*Dean B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 12/29/2015

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: United Health

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.

*probably*

I would continue to Waive Health Insurance Coverage.

Thanking you in advance for your anticipated cooperation.

*Dean B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

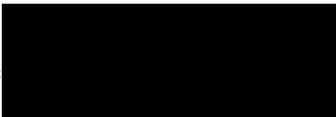
Department of Human Resources

818 Teaneck Road

Teaneck, New Jersey 07666

## MEDICAL INSURANCE WAIVER SURVEY

Name



Date: 12.28.15

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.

*probably  
but not sure.  
Eventually I will probably need to enroll in SHBP.*

I would continue to Waive Health Insurance Coverage.

Thanking you in advance for your anticipated cooperation.

*Dean B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1-4-16

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: Horizon Blue Cross/Blue Shield

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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

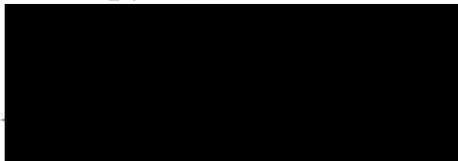
N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name:



Date:

January 11, 2016

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:

NYC Con Edison / Wifes job

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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name: [REDACTED]

Date: 1/4/15

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:

Qualicare

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 B. Kazinci*  
Dean Kazinci  
Director of Human Resources

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel

# Township of Teaneck

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

## MEDICAL INSURANCE WAIVER SURVEY

Name:



Date:

1/8/16

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:

UNITED HEALTHCARE

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

Redactions in accordance with:

N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative  
and  
N.J.S.A. 47:1A-10 - Personnel