DENTAL COVERAGE WAIVER/REINSTATEMENT
TOWNSHIP OF OCEAN BOARD OF EDUCATION

Part 1: To be completed by the employee. Please print.

1. Name_____ SS# _____

Waiver of Coverage

I have agreed to waive dental coverage with the Township of Ocean Board of Education to which I am entitled. I understand that I am not eligible for any dental waiver incentive.

I understand that I may resume Township of Ocean Board of Education dental coverage when I am no longer covered by the other dental coverage, provided that I notify OTBE within 60 days of the loss of the other coverage and provide proof of loss of that coverage. Otherwise, I may only enroll for dental coverage during the annual open enrollment period for which coverage is effective January 1st of each year.

Signature_____ Date:_____

Please return this form to Business Office, Township of Ocean BOE, 163 Monmouth Rd., Oakhurst, NJ 07755, (732) 531-5600, ext. 3102.

Note: The waiver of dental coverage does not affect any enrollment I may have in the medical and prescription programs. If you wish to also waive medical and prescription coverage, you must complete Medical and Prescription waiver forms.