

**NUTLEY BOARD OF EDUCATION  
GROUP INSURANCE WAIVER FORM**

**OPT OUT FORM FOR THE PERIOD  
July, 1, 2025 – June 30, 2026**

**HEALTH BENEFITS WAIVER** - I waive my right to participate in the following plan or plans:

\_\_\_\_\_ Medical Plan

\_\_\_\_\_ Dental Plan

\_\_\_\_\_ Benecard Prescription Plan

Name (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

The waiver incentive for the year is \$3,500.00. It is payable in two installments (December 15, 2024 and June 15, 2026) to anyone opting out of the Medical plan. There is no additional incentive paid for opting out of Dental and/or Benecard. We are required to report this payment as taxable income.

**You must provide a copy of the current active medical insurance card as proof of other coverage.** Understand that you will only be able to opt back into the Nutley Board of Education plans should you lose other coverage or during an open enrollment period.

By signing and returning this form below, I understand that I am waiving my rights to coverage under the health benefits program offered by the Nutley Board of Education until the next open enrollment period, or until my family circumstances change and I or one of my dependents no longer have access to the other coverage listed below, whichever comes first. I will only be able to rejoin the plans offered by the Nutley Board of Education if I apply for reinstatement. I understand that this waiver will only be in effect from July 1, 2025 to June 30, 2026 and that I will have to file additional waivers for later school years if I want the waiver to remain in effect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Please return this form to [benefits@nutleyschools.org](mailto:benefits@nutleyschools.org).**

**BY: June 14, 2025**