

Monmouth County
Division of Benefits & Workforce Wellness

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Benefits & Workforce Wellness

For information contact:
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Monmouth County Health Benefit Waiver Form

- Waiver - Health Insurance Coverage**
- Waiver - Prescription Coverage**
- Waiver - Dental Coverage**
- Waiver - Vision Coverage**

Employee Name: _____

Employee Signature: _____

Department: _____

Date: _____

Last four digits of Social Security Number: _____

Reason for Waiver:

- Other Coverage**
- Other** _____

Please Note: NJ imposes a tax penalty if waiving but not covered elsewhere.

You will have the opportunity to enroll in any of the above benefits for yourself and eligible dependents during County Open Enrollment each year in July. At that time, you will be advised of the contribution rate(s) that will be deducted from your paycheck.

In addition, if you are declining enrollment for yourself and/or dependents because you have other health insurance coverage, you may be able to enroll in the future if you request enrollment within 30 days of losing your other coverage. You may be eligible to add or drop dependents due to marriage, birth, adoption, placement for adoption, or divorce. A copy of proof of the event will need to accompany the request to the Benefits Department for review within 30 days of the life event.

Additional information is easily accessed on the County Intranet:

Human Resources – Benefits section

Monmouth County Benefits Department – (732) 866-3622 x 7655 or x 6671