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

MEDICAL INSURANCE WAIVER SURVEY

Nam	Date: 1 4 1 6	
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.	

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1/5/16	
benefits cover 92, P.L. 2007	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment 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.	

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date:
benefits cover 92, P.L. 2007	ving this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment 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 Sare
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. Dean Kazinci
Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: Jan. 6, 16	
benefits cover 92, P.L. 2007	ving this survey because you previously agreed to waive Township provided health rage with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment 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.		
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Redactions in accordance with:

Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name: _	Date: 1-6-16
benefits covera	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully revie completed surv	ew this form in its entirety, and place your answers where indicated. Return the vey to Human Resources by January 8, 2016.
	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: Hociton BCBS & 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 Kazinci
Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	
benefits cover: 92, P.L. 2007	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
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Question #2:	Who is your current Health Insurance Provider? SHBP: School Employee Health Benefit Plan (SEHBP): Other: Horizow 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.

Redactions in accordance with:

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

Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 01/04/2016	
benefits cover 92, P.L. 2007	ving this survey because you previously agreed to waive Township provided health rage with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.	
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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.	
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Thanking you	in advance for your anticipated cooperation.	

Redactions in accordance with:

Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1/4/16
benefits cover 92, P.L. 2007	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment 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.

Redactions in accordance with:

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1116	
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 Pénsions 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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1/4//6	
benefits cover 92, P.L. 2007	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.	
Carefully revi completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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: Cibb 9	
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.		
0 0	Redactions in accordance with:	

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

Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

Dean Kazinci Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	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.		
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: 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.		

Redactions in accordance with:

Dean Kazinci Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:
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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 B.K.

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1-6-16
benefits covers	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment 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: 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.

Director of Human Resources

Redactions in accordance with:

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

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.		
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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1/5/16
benefits cover 92, P.L. 2007	ving this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment 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	Redactions in accordance with:

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

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

Dean Kazinci

Director of Human Resources

and

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

MEDICAL INSURANCE WAIVER SURVEY

Name	Date: 1416	
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)	
nice to a local and a second	I would enroll in SHBP.	
	I would continue to Waive Health Insurance Coverage.	
Thenking way	in advance for your anticinated cooperation	

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name Date: TANUARY 6TH 2010
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: Shire COSS BUTE SHIRELD
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.
Podestions in asserdance with:

Dean Kazinci
Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Nar	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.		
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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: Unifeed Health Case	
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.	

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:		Date: 13/39/15	
benefits coverage. P.L. 2007	goe with the State Health Ben	reviously agreed to waive Township provided health affits Program (SHBP). In accordance with Chapter are compensated in accordance with the enrollment ad Benefits pre or post 2010.	
Carefully revi completed sur	lew this form in its entirety, a vey to Human Resources by Ja	nd place your answers where indicated. Return the muary 8, 2016.	
Question #1:	Do you wish to continue to w you are entitled to receive becoverage? Yes: No:	aive the State Health Benefits Coverage which cause you are covered by other health insurance	
Question #2:	Who is your current Health In SHBP: School Other:	nsurance Provider? Employee Health Benefit Plan (SEHBP):	
Question #3:	If the Township's Waiver Inc	centive Program ended for municipal employees, decision on health insurance coverage? HBP.	9
201420-11 22 v 22 ji	I would continue to	Waive Health Insurance Coverage.	- 111
Thanking you	u in advance for your anticipate	ed cooperation.	

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Director of Human Resources

Redactions in accordance with:

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

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	
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

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.		
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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.	
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Dean Kazinci
Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 2 30 15	
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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.	
2020 St. 72 St. 20 - 14 J	1 would childrin STIDI.	
	I would continue to Waive Health Insurance Coverage.	
Thanking you in advance for your anticipated cooperation.		

Redactions in accordance with:

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

Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: WY/
benefits cover 92, P.L. 2007	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully revi completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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.
Thenleine	in advance for your entisinated according
inanking you	in advance for your anticipated cooperation.

Redactions in a

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date:/8/16
benefits cover 92, P.L. 2007	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
	ew this form in its entirety, and place your answers where indicated. Return the vey 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

Thanking you in advance for your anticipated cooperation.

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name	Date: // / //6
benefits cover 92, P.L. 2007	ving this survey because you previously agreed to waive Township provided health rage with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
	ew this form in its entirety, and place your answers where indicated. Return the vey 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.
^	Redactions in accordance with:

Dean Kazinci N.J.S.A.

Director of Human Resources

Treadellerie in decordance with

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name	 :	Date: 1116	
benefits cover 92, P.L. 2007	ring this survey because you previously agree age with the State Health Benefits Program and Chapter 2, P.L. 2010, you are compensate by the Division of Pensions and Benefits pre	(SHBP). In accordance with Chapter ated in accordance with the enrollment	
•	ew this form in its entirety, and place your vey to Human Resources by January 8, 2016.		
Question #1:	Do you wish to continue to waive the State I you are entitled to receive because you are coverage? Yes: No:	_	
Question #2:	Who is your current Health Insurance Provides SHBP: School Employee Health Control of them is your current Health Insurance Provides the state of th	der? alth Benefit Plan (SEHBP):	
Question #3:	If the Township's Waiver Incentive Program how would that impact your decision on hea (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.			

Redactions in accordance with:

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

Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name	Date: 01/01/2016
benefits covers	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully revi completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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: 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 Kazinci
Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:		Date: 11 29/15
oenefits cover	ving this survey because you previously agreage with the State Health Benefits Program and Chapter 2, P.L. 2010, you are compensately the Division of Pensions and Benefits pre-	ated in accordance with the enrollment
Carefully revi	ew this form in its entirety, and place your vey to Human Resources by January 8, 2016	answers where indicated. Return the
Question #1:	Do you wish to continue to waive the State you are entitled to receive because you are coverage? Yes: No:	Health Benefits Coverage which covered by other health insurance
Question #2:	Who is your current Health Insurance Provides School Employee Health Ins	ealth Benefit Plan (SEHBP):
Question #3:	If the Township's Waiver Incentive Program how would that impact your decision on he (Check off one Option) I would enroll in SHBP.	m ended for municipal employees, ealth insurance coverage?
	I would continue to Waive Healt	h Insurance Coverage.
Thanking you in advance for your anticipated cooperation.		
	Dadaatiana in aasarda	an an with:

Dean Kazinci
Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 12/31/2015	
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 revi completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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.	

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Dean Kazinci
Director of Human Resources

Redactions in accordance with:

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

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 revi completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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

Township of Teaneck Department of Human Resources

Department of Human Resource: 818 Teaneck Road Teaneck, New Jersey 07666

MEDICAL INSURANCE WAIVER SURVEY

Date: 1-8-2016			
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.			
nontinue to waive the State Health Benefits Coverage which to receive because you are covered by other health insurance. No:			
rent Health Insurance Provider?			
School Employee Health Benefit Plan (SEHBP):			
rited healthcare Choice Plus			
's Waiver Incentive Program ended for municipal employees, impact your decision on health insurance coverage? Option)			
d enroll in SHBP.			
ld continue to Waive Health Insurance Coverage.			
Thanking you in advance for your anticipated cooperation.			
Redactions in accordance with:			
N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative and N.J.S.A. 47:1A-10 - Personnel			

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 12/31/15
benefits cover	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully revi completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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: Wifts Horizon NJ Likear 10
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	u in advance for your anticipated cooperation.
Osan B Dean Kazinc	Redactions in accordance with: N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative

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

Director of Human Resources

and

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

MEDICAL INSURANCE WAIVER SURVEY

Name 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: 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

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name	Date: 12/3/1/15
benefits cover	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully revi completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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?
Quality	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 yo	u in advance for your anticipated cooperation.

Dean B. K

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1-8-16
benefits covera	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully reviewon completed survival.	ew this form in its entirety, and place your answers where indicated. Return the vey 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: C/GNA
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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1 - 8 - 1				
benefits covera	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.				
Carefully reviework	ew this form in its entirety, and place your answers where indicated. Return the vey 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

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.			
	ew this form in its entirety, and place your answers where indicated. Return the vey 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 Caoss BWE SHIERD 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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: /2/29/15		
benefits cover 92, P.L. 2007	ring this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.		
Carefully revi completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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:	2: Who is your current Health Insurance Provider?		
	SHBP: School Employee Health Benefit Plan (SEHBP): Other: Medicare & Supplemental		
Question #3:	#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.		
Oean B Dean Kazinci	Redactions in accordance with: N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative		

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

Director of Human Resources

and

Township of Teaneck Department of Human Resources

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

MEDICAL INSURANCE WAIVER SURVEY

Name	Date: 12/29/15
benefits covera	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully revi	ew this form in its entirety, and place your answers where indicated. Return the vey 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: ACTIVA - (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 JURE AT THUS POINT
Thanking you	in advance for your anticipated cooperation.
Dean B Dean Kazinc Director of H	Redactions in accordance with: N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative and

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 12/29/2015			
benefits covers	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: Unifed 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.			
	I would continue to Waive Health Insurance Coverage.			
Thanking you	in advance for your anticipated cooperation.			

Thanking you in advance for your anticipated

Director of Human Resources

Redactions in accordance with:

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name	Date: 12.28.15
benefits covers	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully reviewon completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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:
Ouestion #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.
prol but	roteste I would continue to Waive Health Insurance Coverage. Note that I will probably need to throw in Stipp
Thanking you	u in advance for your anticipated cooperation.
0 1	Redactions in accordance with:
Dean Kazinc	N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative

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

Director of Human Resources

land

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

MEDICAL INSURANCE WAIVER SURVEY

Name:	Date: 1-4-16
You are received benefits coverage.	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
completed surv	ew this form in its entirety, and place your answers where indicated. Return the vey 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?
Quant .	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 yo	u in advance for your anticipated cooperation.

Redactions in accordance with:

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

and

Director of Human Resources

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

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

MEDICAL INSURANCE WAIVER SURVEY

Name:		Date: January 11, 2016
benefits covers	age with the State land Chapter 2, P.L.	Health Benefits Program (SHBP). In accordance with Chapter 2010, you are compensated in accordance with the enrollment Pensions and Benefits pre or post 2010.
Carefully reviewon completed sur	ew this form in its vey to Human Reso	entirety, and place your answers where indicated. Return the urces by January 8, 2016.
Question #1:	Do you wish to conyou are entitled to coverage? Yes:	ntinue to waive the State Health Benefits Coverage which receive because you are covered by other health insurance No:
Question #2:	Who is your curre	nt Health Insurance Provider?
	SHBP: Other:	School Employee Health Benefit Plan (SEHBP): My Concidence of Wafes 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.
	X I would	continue to Waive Health Insurance Coverage.
Thanking you	u in advance for you	ur anticipated cooperation.
		Redactions in accordance with:
Dean Kazinci Director of Human Resources		N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative and N.J.S.A. 47:1A-10 - Personnel

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

MEDICAL INSURANCE WAIVER SURVEY

Name: _	Date:
benefits covera	ing this survey because you previously agreed to waive Township provided health age with the State Health Benefits Program (SHBP). In accordance with Chapter and Chapter 2, P.L. 2010, you are compensated in accordance with the enrollment by the Division of Pensions and Benefits pre or post 2010.
Carefully reviewon completed sur	ew this form in its entirety, and place your answers where indicated. Return the vey 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

Township of Teaneck Department of Human Resources

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

MEDICAL INSURANCE WAIVER SURVEY

Name:		Date: 1/8/16		
benefits cover 92, P.L. 2007	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.			
•		its entirety, and place your answers where indicated. Return the esources by January 8, 2016.		
Question #1:	*	continue to waive the State Health Benefits Coverage which to receive because you are covered by other health insurance No:		
Question #2:	Who is your cur	rent Health Insurance Provider?		
	SHBP:	School Employee Health Benefit Plan (SEHBP):		
	Other:UNT.	ED HEALTHCARE		
Question #3:	tion #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 woul	d enroll in SHBP.		
	I woul	ld continue to Waive Health Insurance Coverage.		
Thanking you	Thanking you in advance for your anticipated cooperation.			
	ļ	Redactions in accordance with:		
Director of Human Resources		N.J.S.A. 47:1A-1 - Advisory, Consultative, and Deliberative and N.J.S.A. 47:1A-10 - Personnel		