



Jefferson Township Board of Education

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www.jefftwp.org

NEW EMPLOYEE BENEFITS INFORMATION

Forms to be returned to my attention:

- Dental Enrollment Form
- Opt out Form (a copy of valid medical card is required to waive the Medical Coverage)
- Ameriflex FSA/DCA Form enrollment or waiver
- Summer Savings Form (optional)

All Employees, even those waiving medical coverage, must register on the state site @ <http://mynjbenefitshub.nj.gov> to enroll in health benefits or to waive coverage. Instructions can be found on “BENEFITS SOLVER ACCESS INFORMATION” using the link at the top of the page.

In order to complete enrollment in the medical plan, employees must upload to the Benefitsolver state site the following documentation:

- Single coverage: no required document.
- 2 Adults: Marriage cert. and 1040 Tax form.
- Family: Marriage Cert., 1040 Tax form & a birth cert. for each child.
- Parent-Child(ren): Birth cert. for each child.

Please contact me with any questions or concerns @ 973-663-5782 ext. 5024 or email mfouad@jefftwp.org.

Best,

Manal Fouad

Benefits Coordinator