



# Jefferson Township Board of Education

*31 State Route 181, Lake Hopatcong, NJ 07849*

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*[www.jefftwp.org](http://www.jefftwp.org)*

## NEW EMPLOYEE BENEFITS INFORMATION

### Forms to be returned to my attention:

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

In order to complete enrollment in the medical plan, employees must provide the following documentation:

- Single coverage: no required document.
- 2 Adults: Marriage cert.
- Family: Marriage Certificate & Birth Certificate for each child.
- Parent-Child(ren): Birth Certificate for each child.

Please contact me with any question or concerns @ 973-663-5782 ext. 5024 or email me @ [dmaffei@jefftwp.org](mailto:dmaffei@jefftwp.org)

Best,

Dana Maffei

Benefits Coordinator