



Jefferson Township Board of Education

31 State Route 181, Lake Hopatcong, NJ 07849

Phone: (973) 663-5782 Fax: (973) 663-5004

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 @ mfouad@jefftwp.org.

Best,

Manal Fouad

Benefits Coordinator