

**Egg Harbor Township School District  
Affirmative Election Form  
Effective January 1, 2021 – Return by **November 9, 2020****

**FAILURE TO COMPLETE & RETURN THIS FORM WILL RESULT IN A CHANGE TO YOUR BENEFITS**

Upon completion this form should be submitted to the EHT Schools Benefits Office located at the Slaybaugh Primary School Administrative Office

**EMPLOYEE PARTICIPANT INFORMATION**

**Please PRINT and fill out this section COMPLETELY**

DOB:	First Name:	Last Name:	M.I.:
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*For Employees Hired On or After 07/01/2020*

\_\_\_\_\_ I acknowledge my coverage is switching to NJ EDUCATORS HEALTH PLAN effective 1/1/2021.

Employee Signature

Employee  
Signature:

Date:

**This Section for Employer Use Only**

Approved by:

Date: