



The Office of Health and Wellness

DOCUMENTS REQUIRED

Copy of the Social Security Card(s)- for employee and all dependents

Copy of the official marriage certificate (if applicable)

Copy of the Birth Certificate(s) for all dependent children

Select only one medical plan

Select only one dental plan (Horizon or DSO)- optional

Vision is optional

Please send back to the Office of Health and Wellness at the Education Center

732-452-4942