

## 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-new hires can only elect the NJ Educator's plan

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

Vision is optional

Benefits begin 60 days after start date unless start date is Sept. 1st or the start of your contract

Please send back to the Office of Health and Wellness at the Education Center 732-452-4942