Request to Waive Amortization for 2024

Please submit a completed form to the Benefits Office by Wednesday, November 22, 2023 if you are making a request to waive amortization for 2024.

<u>(Print clearly)</u> Employee Name:	Dartmouth ID:
Preferred Contact Email Address:	
Preferred Phone:	
Why are you choosing not to amortize your b	penefits in 2024?
O I plan to go onto my family member's co	verage (spouse, parent, etc.) during my hiatus
O The coverage is too expensive	
Other:	
Employee Signature:	Date:
Deadline to return form is We	ednesday, November 22, 2023
Return this form to Human Resources – Ben	efits Office:
1. Hand-deliver (Check office hour	
Human Resources – Benefits Offic	e
7 Lebanon Street, Suite 203	
Hanover, NH 03755-2112	
2. Hinman Mail: HB 6042	1100
3. Fax the Benefits Office: 603-646-	
4. Email the Benefits Office: Huma	n.Resources.Benefits@Dartmouth.edu
For questions, please contact the Benefits Of	fice at 603-646-3588.
For Benefits Office Use Only: Approved or Denied:	
Benefits Representative to Review:	
HRMS Flag:	