Request to Waive Amortization for 2016

Please submit a completed form to the Benefits Office by Wednesday, November 25, 2015 if you are making a request to waive amortization for 2016.

(Print clearly)
Employee Name: ________________________________ Dartmouth ID: ____________

Preferred Contact Email Address: ________________________________

Preferred Phone: ________________________________

Please describe below why you do not wish to amortize your benefits for 2016.

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Employee Signature: ________________________________ Date: __________

Deadline to return form is Wednesday, November 25, 2015

Return this form to Human Resources – Benefits Office:
1. Hand-deliver or US mail (Office hours M-F 8am-5pm):
   Human Resources – Benefits Office
   7 Lebanon Street, Suite 203
   Hanover, NH 03755-2112
2. Hinman Mail: HB 6042
3. Fax the Benefits Office: 603-646-1108
4. Email the Benefits Office: Human.Resources.Benefits@Dartmouth.edu

For questions, please contact the Benefits Office at 603-646-3588.

For Benefits Office Use Only:
Approved or Denied: ________________________________ Date: __________
Benefits Representative to Review: ________________________________ Confirmation Letter Sent: __________
HRMS Flag: ________________________________ Date: __________