**Dartmouth**
Benefits Office, Human Resources

7 Lebanon St., Suite 203
Hanover, NH 03755
(603) 646-3588
Human.Resources.Benefits@dartmouth.edu

# Request to Waive Amortization

Complete this form if you do not want to amortize your benefits for the plan year below. Submit it to the Benefits Office by the deadline posted on the Leaves of Absence page of the Benefits website (dartmouth.edu/hr/total_rewards/benefits/life_changes/leaves_of_absence.php).

## 1. About you

Plan year

Employee name

Dartmouth ID#

Preferred email

Preferred phone

## 2. Why are you choosing not to amortize your benefits?

- ○ I plan to go onto my family member's coverage (spouse, parent, and so on) during my hiatus
  *If you go onto a family member's coverage, please also submit a life event in FlexOnline.*
- ○ The coverage is too expensive
- ○ Other:

## 3. Confirmation

By typing my name, I confirm that the information on this form is correct.

Employee name (typed as your signature)

Date

## How to return this form

- Email the Benefits Office: Human.Resources.Benefits@dartmouth.edu
- Hinman mail: HB 6042
- US mail or hand delivery (check office hours): Human Resources, Benefits Office, 7 Lebanon Street, Suite 203, Hanover, NH 03755
- Fax the Benefits Office: (603) 646-1108

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

### For Benefits Office use only

Approved or denied _____

Benefits representative to review _____

HRMS flag _____