Request to Waive Amortization for 2019

Please submit a completed form to the Benefits Office by Wednesday, November 21, 2018 if you are making a request to waive amortization for 2019.

(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 2019.

________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Employee Signature: ___________________________ Date: __________________________

Deadline to return form is Wednesday, November 21, 2018

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: ___________________________