

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.

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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: