

Request to Waive Amortization for 2025

Please submit a completed form to the Benefits Office by Friday, November 22, 2024, if you are making a request to waive amortization for 2025.

(Print clearly)

Employee Name: _____ **Dartmouth ID:** _____

Preferred Contact Email Address: _____

Preferred Phone: _____

Why are you choosing not to amortize your benefits in 2025?

- I plan to go onto my family member's coverage (spouse, parent, etc.) during my hiatus
- The coverage is too expensive
- Other: _____

Employee Signature: _____ **Date:** _____

Deadline to return form is Friday, November 22, 2024

Return this form to Human Resources – Benefits Office:

1. Hand-deliver (Check office hours) or US mail:

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: _____

Benefits Representative to Review: _____

HRMS Flag: _____