



**CITY OF NEW BRUNSWICK EAP
OPT-OUT CARD**

**John Smith
1 Main Street
Test, NJ 01234**

X _____

Signature

Date

Service Address

Account No.

Opt-Out Instructions

You do not need to take any action to participate in the City of New Brunswick EAP

If you do **not** want to participate:

- 1) Sign and date this card; and**
- 2) Place in envelope provided**
- 3) Drop in the mail**

The card must be signed by the customer of record whose name appears in the address on this card. You have until June 19th, 2019 to return the card.