



State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)
CHAPTER 375 APPLICATION
Coverage of a Child Up to Age 31

1. COVERED CHILD'S INFORMATION — Child's name (Last, First)

Gender	Birth Date / /	Social Security Number	
Telephone Number ()		Personal Email Address	
Street Address			
City		State	Zip
Marital Status (Check one)			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership			
Relationship to Employee/Retiree (Check one)			
<input type="checkbox"/> Natural Child <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (Explain) _____			

DIVISION USE ONLY

Effective Dates
 H _____
 P _____
 Location #

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Note: Eligibility under P.L. 2005, c. 375, is limited to a subscriber's child under the age of 31; who is unmarried; has no dependent(s) of his/her own; is a resident of New Jersey or a full-time student at an accredited public or private institution of higher education; and is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare. Coverage is limited to the SHBP or SEHBP medical and prescription drug plans that are identical to the plans in which the parent is enrolled. The covered parent is responsible for the entire cost of coverage. Proof of child's age and transcripts for students attending school outside of the State of New Jersey are required.

2. COVERED PARENT'S INFORMATION — Parent's name (Last, First)

Gender	Birth Date / /	Social Security Number	
Telephone Number ()		Personal Email Address	
Street Address			
City		State	Zip

3. BILLING ADDRESS (If different from child's address)

Street Address	City	State	Zip
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4. CHAPTER 375 COVERAGE ELECTION

Under Chapter 375, an over age child does not have any choice in the selection of benefits but is enrolled for coverage in exactly the same plan or plans (medical and/or prescription drug) that the covered parent has selected. There is no provision for eligibility for dental or vision benefits.

- I wish to be enrolled in the same plan as my parent under the provisions of P.L.2005, c.375.
- I wish to terminate all coverage under P.L. 2005, c. 375. Date ____/____/____

5. EMPLOYEE CERTIFICATION — I certify that all the information supplied on this form is true to the best of my knowledge and that it is verifiable. I hereby make application to extend group insurance coverage under the terms of P.L. 2005, c. 375. I authorize the NJDPB to bill me for the monthly premium payments and further agree to make payments in a timely fashion. I understand this coverage will terminate without notice if payment is not made on time. I also understand that there is no guarantee of continuous participation by medical providers, either doctors or facilities in the plans. If either my physician or medical center terminates participation in my selected plan, I must select another doctor or medical center participating in that plan to receive the "in-network" benefit. I authorize any hospital, physician, or health care provider to furnish my medical plan or its assignee with such medical information about myself or my covered child as the assignee may require. I agree to notify the Health Benefits Bureau if my covered child becomes covered under another group health plan or becomes entitled to Medicare after electing coverage under Chapter 375, or otherwise becomes ineligible for any reason (see Note above). **Misrepresentation:** Any person that knowingly provides false or misleading information is subject to criminal and civil penalties pursuant to N.J.S.A. 17:33A-6c.

***See Instructions page for detailed information and Mailing Address**

SHBP/SEHBP Covered Parent's Signature	Date Completed
SHBP/SEHBP Covered Child's Signature	Date Completed

DO NOT SEND PAYMENT WITH APPLICATION — YOU WILL BE BILLED

INSTRUCTIONS FOR COMPLETING CHAPTER 375 APPLICATION FOR COVERAGE OF AN OVERAGE CHILD UP TO AGE 31

Under the provisions of P.L. 2005, c. 375 certain over age children may be eligible for coverage under the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) until age 31. This includes a subscriber's child by blood or law who: is under the age of 31 (a copy of the birth certificate is required); unmarried; has no dependent(s) of his or her own; is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare. An over age child is eligible for coverage in the SHBP or SEHBP medical and prescription drug plans that are identical to the plans in which the covered parent is enrolled. The covered parent is responsible for the entire cost of coverage (see Section 3 below for details).

SECTION 1 — COVERED CHILD'S INFORMATION

This section pertains to the child enrolling in the Chapter 375 coverage. Complete all requested information. Provide month, day, and year for date of birth. If child is a full-time student, attach copy of the transcript from the accredited public or private institution of higher education. Please be certain to indicate the specific relationship to the covered parent (natural child, adopted, stepchild, etc.).

SECTION 2 — COVERED PARENT'S INFORMATION

This section pertains to the covered parent under whom regular SHBP or SEHBP dependent child coverage eligibility has ended. Complete all requested information. Provide month, day, and year for date of birth. Please also include a home telephone number for the covered parent.

SECTION 3 — BILLING ADDRESS

List the complete mailing address where the Health Benefits Bureau should send the monthly bill for Chapter 375 premium payment. The covered parent is responsible for the entire cost of coverage. When Chapter 375 coverage is elected, the covered parent will be billed directly by the SHBP for the cost of the coverage. Chapter 375 rates for all SHBP and SEHBP plans are available on our website at: www.nj.gov/treasury/pensions

SECTION 4 — COVERAGE ELECTION

Check the appropriate box:

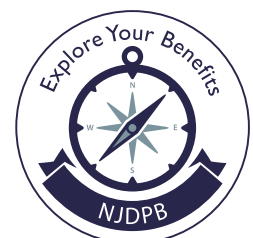
- Indicate that you wish to enroll for Chapter 375 coverage. You must indicate the same plan in which the covered parent is enrolled. If you select an HMO, you must also list the identification number of the child's Primary Care Physician. Prescription drug coverage, if provided through the SHBP or SEHBP, will be the same as the covered parent's prescription drug enrollment; or
- Indicate that you wish to terminate all coverage under Chapter 375.

SECTION 5 — CERTIFICATION AND SIGNATURE

Both the Chapter 375 covered child and the covered parent must read the certification and sign and date the application.

Misrepresentation: Any person who provides false or misleading information is subject to criminal and civil penalties.

MAIL COMPLETED APPLICATION TO: **New Jersey Division Of Pensions & Benefits**
 Health Benefits Bureau
 P.O. Box 299
 Trenton, NJ 08625-0299



HO-0805-0120



State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)
REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY & ENROLLMENT FOR COVERAGE UNDER P.L. 2005, c.375

P.L. 2005, c.375 (Chapter 375) requires that only eligible over age dependent children receive health care coverage under the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP). As a result, the New Jersey Division of Pensions & Benefits (NJDPB) requires the following documentation in addition to the *Chapter 375 Application* when enrolling an over age dependent child.

DEPENDENTS	CHAPTER 375 ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
<p>CHILDREN UNTIL AGE 26</p>	<p>A subscriber's child until age 26, regardless of the child's marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents.</p> <p>This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.</p>	<p>Natural or Adopted Child – A photocopy of the child's birth certificate showing the name of the employee/retiree as a parent.</p> <p>Step Child – A photocopy of the child's birth certificate showing the name of the employee/retiree's spouse or partner as a parent and a photocopy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner.</p> <p>Legal Guardian, Grandchild, or Foster Child – Photocopies of Final Court Orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the covered employee.</p>
<p>CONTINUED COVERAGE FOR OVER AGE CHILDREN UNTIL AGE 31</p>	<p>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of Chapter 375.</p> <p>This includes a child by blood or law who:</p> <p>(1) is under the age of 31; (2) is unmarried or not a partner in a civil union or domestic partnership; (3) has no dependent(s) of his or her own; (4) is a resident of New Jersey or is a student at an accredited public or private institution of higher education with at least 15 credit hours; and (5) is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.</p>	<p>Documentation for the appropriate Child type (as noted above) and a photocopy of the front page of the child's most recently filed federal tax return* (<i>Form 1040</i>), and if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</p>

* On tax forms, you may black out all financial information and all but the last four digits of any Social Security numbers.

To obtain copies of the documentation listed above, contact the office of the Town Clerk in the city of birth, marriage, etc., or visit these websites: www.vitalrec.com or www.studentclearinghouse.org

Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration website: www.state.nj.us/health/vital/index.shtml