

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS  
PO BOX 299  
TRENTON, NJ 08625-0299

**STATE HEALTH BENEFITS PROGRAM**  
**CLASSIFICATION OF FULL-TIME EMPLOYEES**

In order to comply with Affordable Care Act and make policy and administration determinations, the State Health Benefits Program (SHBP) requires the following information to be completed by SHBP-participating employers.

**PLEASE COMPLETE BOTH OF THE FOLLOWING ITEMS:**

1. Indicate the number of current employees who averaged over 30 hours of work per week from January 1, 2013 to May 30, 2013, whether the employee is or is not offered SHBP benefits:

\_\_\_\_\_

2. Indicate of number of current employees who averaged over 30 hours of work per week from January 1, 2013 to May 30, 2013, but are not currently offered SHBP benefits:

\_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED BY BY JULY 12, 2013**

Employer Name: \_\_\_\_\_

SHBP Location #: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Certifying Officer*

\_\_\_\_\_  
*Date*

**RETURN THIS FORM TO BY FAX TO: (609) 341-3412**