

NEW JERSEY  
**SMALL EMPLOYER HEALTH BENEFITS PROGRAM**

20 West State Street, 10th Floor

PO Box 325

Trenton, NJ 08625

Phone: 609-633-1882

Fax: 609-633-2030

**ADVISORY BULLETIN 97-SEH-09**

Date: October 23, 1997

To: SEH Member Carriers That Offer the Standard Health Benefits Plans

From: Ellen F. DeRosa, Assistant Director

**Re: January 1, 1998 Policy Forms Changes**

The Small Employer Health Benefits Program Board (SEH Board) adopted Amendments: N.J.A.C. 11:21 Appendix Exhibits A through G, J, K, N, O, Q, T, V, W, Y, AA, HH, II and JJ, on October 23, 1997.

The Effective Date of these policy forms modifications is January 1, 1998. The SEH Board recognizes that carriers are currently administratively complying with the requirements of P.L. 1997, c. 146 and the Health Insurance Portability and Accountability Act (HIPAA), and that it would be helpful to issue plans which reflect administrative practice as quickly as possible. The SEH Board also recognizes the fact that a number of carriers may have elected to administratively comply with the policy forms changes which were effective September 1, 1997, while awaiting the adoption of changes to comply with P.L. 1997, c. 146 and HIPAA. Therefore, the SEH Board will allow carriers to use the plans as adopted October 23, 1997, prior to January 1, 1998. Carriers may phase-in the implementation of the new policy forms text during the period between October 23, 1997 and January 1, 1998.

**PLEASE NOTE: ALL CARRIERS MUST IMPLEMENT THE NEW POLICY FORMS TEXT FOR ALL NEW BUSINESS AND RENEWALS WHICH ARE EFFECTIVE ON OR AFTER JANUARY 1, 1998.**

Therefore, for all new business or renewals with effective dates on or after January 1, 1998, carriers must issue new policies/contracts and certificates and evidences of coverage. Please note that carriers may **not** use the Compliance and Variability Rider to reflect these policy forms changes.

Enclosed are disks which contain the text of the forms, as adopted. The format is WORD 6.0. In addition to the text of the standard plans, the text of the employer application, employer certification, employee enrollment and waiver is included. The Explanation of Brackets, is also included on the disk.

If you have any questions concerning implementation of these policy forms changes, please feel free to contact me.

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**RESPONSE FORM**

IN ORDER TO VERIFY RECEIPT OF THE DISKS AND THIS BULLETIN, PLEASE COMPLETE THE FORM BELOW, AND FAX OR MAIL IT TO ELLEN DEROSA ON OR BEFORE **NOVEMBER 10, 1997**.

Name of Carrier: \_\_\_\_\_

Printed Name of Respondent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Signature of Respondent: \_\_\_\_\_

Date: \_\_\_\_\_

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