

Email Message – April 9, 2020

TO: Certifying Officers of SHBP-Participating Employers

FROM: New Jersey Division of Pensions & Benefits (NJDPB)

SUBJECT: Update to SHBP 60-Day Waiver Form

We have updated the address for email submission of the *Waiver of New Employee Waiting Period for SHBP Enrollment* form to the NJDPB Health Benefits Bureau.

Employers may scan completed waiver forms and email them, along with a scan of the employee's completed, employer-certified *Health Benefits Enrollment and/or Change Form* to: ***HBclosure@treas.nj.gov*** using the subject line "SHBP 60 Day Waiver."

A revised version of the waiver form is attached for your convenience.

Employers returning the *Employer Certification for Hiring Retirees under Executive Order No. 115* for retirees rehired duration of the COVID-19 emergency can continue to return scanned certification forms to: ***pensions.nj@treas.nj.gov*** using the subject line "RTE-External Audit."

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Do not reply to this email message or mailbox. Incoming messages cannot be received. If you have questions or concerns about the content of this message, contact the New Jersey Division of Pensions & Benefits at: pensions.nj@treas.nj.gov or go to <https://www.state.nj.us/treasury/assets/contact/pensions/contact-pensions.shtml>



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS
State Health Benefits Program (SHBP)

**WAIVER OF NEW EMPLOYEE WAITING PERIOD FOR SHBP ENROLLMENT
PURSUANT TO EXECUTIVE ORDER NO. 115**

This form is to be completed by the employer and returned with the *Health Benefits Enrollment and/or Change Form* to enroll a new employee for immediate coverage in the State Health Benefits Program (SHBP) pursuant to Executive Order No. 115.

EMPLOYEE INFORMATION

Waiver of the 60-day waiting period and enrollment for immediate coverage in the SHBP is requested pursuant to Executive Order No. 115 for the following employee.

- 1. Employee's Name: Last _____ First _____ MI _____
- 2. Address _____
- 3. City _____ 4. State _____ 5. ZIP _____ - _____
- 6. Social Security # _____ - _____ - _____
- 7. Date of Birth ____ / ____ / ____
- 8. Gender Male Female
- 9. Telephone (_____) _____ - _____ Ext. _____
- 10. Email Address _____

EMPLOYER CERTIFICATION

Employer Name _____ Location # _____

I certify that the information provided is true and accurate and that I am subject to prosecution should it be knowingly false.

Certifying Officer _____
Print Name

Signature _____ Date ____ / ____ / ____

Telephone (____) _____ - _____ Ext. _____ Email Address _____

Return this completed form to along with the
Health Benefits Enrollment and/or Change Form to:

Division of Pensions & Benefits
Health Benefits Bureau
P.O. Box 299
Trenton, N.J. 08625-0299

You may also scan your completed forms and e-mail
with the subject line "SHBP 60 Day Waiver" to HBclosure@treas.nj.gov