



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — HEALTH BENEFITS SECTION

P.O. Box 295, Trenton, NJ 08625-0295

State Health Benefits Program (SHBP) - Health Benefits Active Employee Group

**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 to the Health Benefits Bureau to enroll a new employee for immediate coverage in the State Health Benefits Program (SHBP) pursuant to COVID-19-related employment under Executive Order No. 115. Upon approval, the employee would enroll via mynjbenefitshub.

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 COVID-19 Related Position _____
2. Employee's Name _____
First
Last
MI
3. Address _____
Street
City
State
Zip
4. Social Security Number _____
5. Date of Birth ____/____/____
6. Gender Male Female
7. Phone Number _____
8. Email Address _____

EMPLOYER CERTIFICATION

Employer Name _____ Location Number _____

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

Print Certifying Officer Name
Signature
_____/_____/_____
Date

Phone Number _____ Ext. _____

For fastest service, please email this completed form to the following email addresses:

Local Employers - ***HBLocalGov@treas.nj.gov***
 State Biweekly Employers - ***HBStateActive@treas.nj.gov***
 State Monthly Employers - ***HBStateColleges@treas.nj.gov***