State of New Jersey • Division of Pensions & Benefits (NJDPB)

State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)

MONTHLY CHANGE SUMMARY

This form is due in the Health Benefits Bureau by the 5th of each month for the coverage period beginning on the first of the next month. See Instructions before completing this form.

1. Name of Employer _____ County _____

2. SHBP/SEHBP Location Number _____

3. Summary of Transactions:

   a. Number of new enrollment forms submitted: _____

   b. Number of coverage change forms submitted: _____

   c. Total forms submitted: _____

   d. Number of deletions per *Transmittal of Deletions* form: _____

   e. Number of rejected forms: _____

4. Signature of Certifying Officer _____ Date _____

5. Please complete the area below for all employees represented in the summary of transactions above (#3). If you need additional space, attach a second form. Please complete items 1, 2, and 4 on the additional form.

EMPLOYEE NAME	COVERAGE TYPE	EFFECTIVE DATE	TYPE OF CHANGE

INSTRUCTIONS

1.   Enter the name of the employing location.

2.   Enter the SHBP/SEHBP Location Number indicted on the billing report.

3a. Enter the total number of enrollment forms you are submitting with the *Monthly Change Summary* for employees you have enrolled for the first time in the SHBP/SEHBP.

3b. Enter the total number of enrollment forms reflecting coverage changes being submitted with the *Monthly Change Summary.*

3c. Enter the total number of forms indicated in items 3a and 3b.

3d. Enter the total number of employees you have identified on the *Transmittal of Deletions* whose coverage has terminated due to death, retirement, or termination. If there are no deletions in the month, please place a zero in this item; do not attach a *Transmittal of Deletions.*

3e. Enter the total number of employees who rejected coverage and attach their forms.

4.   Sign and date this form.

5.   List all employees represented in item 3.

Return completed form to: **New Jersey Division of Pensions & Benefits**
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299