



## INSTRUCTIONS FOR COMPLETING CHAPTER 375 APPLICATION FOR COVERAGE OF AN OVERAGE CHILD UP TO AGE 31

Under the provisions of P.L. 2005, c.375 certain over age children may be eligible for coverage under the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) until age 31. This includes a subscriber's child by blood or law who: is under the age of 31 (a copy of the Birth Certificate is required); unmarried; has no dependent(s) of his or her own; is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare. An over age child is eligible for coverage in the SHBP or SEHBP medical and prescription drug plans that are identical to the plans in which the covered parent is enrolled. The covered parent is responsible for the entire cost of coverage (see Section 3 below for details).

### SECTION 1 — COVERED CHILD'S INFORMATION

This section pertains to the child enrolling in the Chapter 375 coverage. Complete all requested information. Provide month, day, and year for Date of Birth (for example: April 12, 1980 = 04 12 80). If child is a full-time student, attach copy of the transcript from the accredited public or private institution of higher education. Please be certain to indicate the specific relationship to the covered parent (natural child, adopted, stepchild, etc.).

### SECTION 2 — COVERED PARENT'S INFORMATION

This section pertains to the covered parent under whom regular SHBP or SEHBP dependent child coverage eligibility has ended. Complete all requested information. Provide month, day, and year for Date of Birth (for example: March 22, 1957 = 03 22 57). Please also include a home telephone number for the covered parent.

### SECTION 3 — BILLING ADDRESS

List the complete mailing address where the Health Benefits Bureau should send the monthly bill for Chapter 375 premium payment. The covered parent is responsible for the entire cost of coverage. When Chapter 375 coverage is elected, the covered parent will be billed directly by the SHBP for the cost of the coverage. Chapter 375 rates for all SHBP and SEHBP plans are available over the Internet at: [www.nj.gov/treasury/pensions/health-benefits.shtml](http://www.nj.gov/treasury/pensions/health-benefits.shtml)

### SECTION 4 — COVERAGE ELECTION

#### Check the appropriate box(es):

- Indicate that you wish to enroll for Chapter 375 coverage. You must indicate the same plan in which the covered parent is enrolled. If you select an HMO, you must also list the identification number of the child's Primary Care Physician. Prescription drug coverage, if provided through the SHBP or SEHBP, will be the same as the covered parent's prescription drug enrollment; or
- Indicate that you wish to terminate all coverage under Chapter 375.

### SECTION 5 — CERTIFICATION AND SIGNATURE

Both the Chapter 375 covered child and the covered parent must read the certification and sign and date the application.

**Misrepresentation:** Any person who provides false or misleading information is subject to criminal and civil penalties.

**MAIL COMPLETED APPLICATION TO:**     **New Jersey Division Of Pensions & Benefits (NJDPB)**  
   **Health Benefits Bureau**  
   **P.O. Box 299**  
   **Trenton, NJ 08625-0299**



HO-0805-1217



State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)  
**REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY & ENROLLMENT  
 FOR COVERAGE UNDER P.L. 2005, c.375**

P.L. 2005, c.375 (Chapter 375) requires that only eligible over age dependent children receive health care coverage under the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP). As a result, the Division of Pensions & Benefits (NJDPB) requires the following documentation in addition to the *Chapter 375 Enrollment Application* when enrolling an over age dependent child.

DEPENDENTS	CHAPTER 375 ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
<p><b>CHILDREN UNTIL AGE 26</b></p>	<p>A subscriber's child until age 26, <i>regardless</i> of the child's marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents.</p> <p>This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.</p>	<p><b>Natural or Adopted Child</b> – A photocopy of the child's birth certificate showing the name of the employee/retiree as a parent.</p> <p><b>Step Child</b> – A photocopy of the child's birth certificate showing the name of the employee/retiree's spouse or partner as a parent <b>and</b> a photocopy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner.</p> <p><b>Legal Guardian, Grandchild, or Foster Child</b> – Photocopies of Final Court Orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the covered employee.</p>
<p><b>CONTINUED COVERAGE FOR OVER AGE CHILDREN UNTIL AGE 31</b></p>	<p>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of Chapter 375.</p> <p>This includes a child by blood or law who:</p> <p><b>(1)</b> is under the age of 31; <b>(2)</b> is unmarried or not a partner in a civil union or domestic partnership; <b>(3)</b> has no dependent(s) of his or her own; <b>(4)</b> is a resident of New Jersey or is a student at an accredited public or private institution of higher education with at least 15 credit hours; and <b>(5)</b> is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.</p>	<p>Documentation for the appropriate "Child" type (as noted above) <b>and</b> a photocopy of the front page of the child's most recently filed federal tax return* (Form 1040), <b>and</b> if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</p>

**\*Note:** On tax forms you may black out all financial information and all but the last 4 digits of any Social Security numbers.

To obtain copies of the documentation listed above, contact the office of the Town Clerk in the city of birth, marriage, etc., or visit these websites: [www.vitalrec.com](http://www.vitalrec.com) or [www.studentclearinghouse.org](http://www.studentclearinghouse.org)

Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration website: [www.state.nj.us/health/vital/index.shtml](http://www.state.nj.us/health/vital/index.shtml)