



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — HEALTH BENEFITS BUREAU**

P.O. Box 299, Trenton, NJ 08625-0299

**P.L. 1999, c. 48 (CHAPTER 48) —  
EMPLOYER CERTIFICATION FOR HEALTH BENEFITS**

To be completed by the employing agency's Health Benefits Certifying Officer.

Retiree's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Health Benefits Employer ID Number \_\_\_\_\_ - \_\_\_\_\_

**PART 1 — ELIGIBILITY**

- ☐ Retiree is not eligible for employer paid health benefits under the provisions of Chapter 48; OR
- ☐ I certify that the above-stated retiree has the required months of service with this employer and meets any other criteria specified for the benefits under the provisions of Chapter 48 which are indicated below.

Is retiree eligible under the provisions of P.L. 2011, c. 78 (Chapter 78)? ☐ Yes ☐ No (If Yes, skip Part 2)**Note:** Retirees required to pay a premium share will have the payments taken from their monthly pension check, provided the check is large enough.Medicare Part B Reimbursement ☐ Yes ☐ No**PART 2 — HEALTH BENEFITS (For medical and prescription coverage only. Please also complete the *Employer Certification For Dental Benefits* form, if applicable).**

Percent \_\_\_\_\_ % or flat amount \$ \_\_\_\_\_ paid monthly by employer for member; AND

Percent \_\_\_\_\_ % or flat amount \$ \_\_\_\_\_ paid monthly by employer for ☐ Spouse Only ☐ All Dependents**OR**

Flat amount \$ \_\_\_\_\_ to be paid monthly by employer for all coverage levels.

**PART 3 — LIMITATIONS (if none indicated, benefits apply as long as employer participates in the SHBP)**

If employer-paid benefits in retirement are for a specified limited time, employer payment of health benefits will terminate upon:

- ☐ Retiree attains age \_\_\_\_\_; OR
- ☐ Time limit of \_\_\_\_\_ months (please convert years to months); OR
- ☐ Specified date that health benefits will terminate \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 4 — SURVIVING SPOUSE OR PARTNER BENEFITS**Employer-Paid Surviving Spouse or Partner Coverage ☐ Yes ☐ NoIf Yes, will health benefits for the surviving spouse or partner be the same as the member? ☐ Yes ☐ No**Note:** An *Employer Certification for Health Benefits for Surviving Spouses* form will be needed if the spouse/partner becomes eligible for survivor benefits.**PART 5 — CERTIFICATION**\_\_\_\_\_  
Print Health Benefits Certifying Officer Name\_\_\_\_\_  
Signature\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Email Address

Please return this form to:

State Health Benefits Program  
Health Benefits Bureau  
P.O. Box 299  
Trenton, NJ 08625-0299

Or Email:

Your Designated NJDPB Health Benefits Group Email Box found on the  
Resources & Support page in your Benefitsolver Administrator account.