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INSTRUCTIONS FOR THE NEW JERSEY EMPLOYEE DENTAL PLANS ENROLLMENT AND/OR CHANGE FORM

SECTION 1 – MEMBER INFORMATION – Complete entire section. Indicate Marital Status as follows: S (Single), M (Married), CU (Civil Union), DP (Domestic Partner), D (Divorced), W (Widowed)

SECTION 2 – REASON FOR APPLICATION – Check one box only

• New Enrollment – New hire or HIPAA event
• Transfer – Active dental benefits coverage transferring from another SHBP/SEHBP location
• Open Enrollment – Annually in October
• Adding Dependents – Must be done within 60 days of event (i.e. birth, marriage, adoption – indicate reason and date)
• Deleting Dependents – Removal of covered dependents (indicate reason and date)
• Loss of Coverage – Enrolling because of loss of other coverage (application and HIPAA certificate submitted within 60 days of the event.
• Waiver of Coverage – Waive (decline) coverage
• Other (indicate reason and date)
• Reason – indicate reason
• Date of Event – indicate date

To waive (decline) coverage: If you wish to waive dental coverage under the provisions of N.J.S.A. 52:14-17.31a, check appropriate box. If you are waiving coverage for yourself or any or all of your eligible dependents because of other group health coverage, you may enroll in the future. You must provide proof of the loss of other coverage and submit it with your application within 60 days of the loss of other coverage. Otherwise, you will be required to wait until the annual Open Enrollment.

SECTION 3 – LEVEL OF COVERAGE – Check the appropriate box

• Single – coverage for you only
• Parent/Child(ren) – coverage for you and any eligible child(ren) under age 26
• Member/Spouse/Civil Union – coverage for you and your spouse or your Civil Union Partner
• Member/Domestic Partner – coverage for you and your Domestic Partner
• Family – coverage for you, your eligible Spouse/Civil Union Partner/Domestic Partner, and child(ren) under age 26

SECTION 4 – DENTAL PLAN – Select only one plan. The Employee Dental Plans Member Guidebook provides you with all available options and is available on our website at: www.nj.gov/treasury/pensions If you enroll in a Dental Plan Organization (DPO), you must receive services from an in-network dentist in order to have your claims paid. You must select a participating dentist within the DPO, ensuring the dentist or facility takes new patients and participates with the Employee Dental Plans. If you enroll in the Dental Expense Plan (Aetna DEP), you may receive services from any dentist. You will be required to pay up-front for covered services until a deductible is met.

Note: After you enroll in a dental plan, you must remain enrolled for 12 months until you are permitted to terminate coverage.

SECTION 5 – DEPENDENT INFORMATION – List all eligible dependents and attach dependent documentation proof (see attached). If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. Ensure your dependents match your level of coverage (Section 4). Your child(ren) may be covered until the end of the calendar year they turn 26. Any dependents not listed will not be covered. Attach extra pages for additional dependents.

Note: Use Section 2 to delete dependents

SECTION 6 – MEMBER SIGNATURE – Read, sign, date, and attach required dependent documentation. Return the application to your employer's human resources office for certification.

MISREPRESENTATION: Any person that knowingly provides false or misleading information is subject to criminal and civil penalties pursuant to N.J.S.A.17:33A-6c.

EMPLOYER CERTIFICATION – Must be completed by the Certifying Officer. The Certifying Officer’s signature confirms that:

• The employee is eligible;
• The application is legible and completed in its entirety;
• The employee’s selected plans and coverage levels are appropriate;
• The dependent documentation provided is complete and correct;
• The Employer Certification section is completed in its entirety; and
• The information presented is true to the best of their knowledge.

MAIL COMPLETED APPLICATION TO: New Jersey Division of Pensions & Benefits Health Benefits Bureau P.O. Box 299 Trenton, NJ 08625-0299
The State Health Benefits Program (SHBP) and School Employees’ Health Benefits Program (SEHBP) are required to ensure that only employees, retirees, and eligible dependents are receiving health care coverage under the Programs. The New Jersey Division of Pensions & Benefits (NJDPB) must guarantee consistent application of eligibility requirements within the plans. Employees or retirees who enroll dependents for coverage (spouses, civil union partners, domestic partners, children, disabled and/or overage children continuing coverage) must submit the following documentation in addition to the appropriate health benefits enrollment or change of status application. If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. Any dependents not listed on the application will not be covered.

<table>
<thead>
<tr>
<th>DEPENDENTS</th>
<th>ELIGIBILITY DEFINITION</th>
<th>DOCUMENTATION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPOUSE</td>
<td>A person to whom you are legally married.</td>
<td>A copy of the marriage certificate and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the spouse. If filing separately, submit a copy of both spouses’ tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required.</td>
</tr>
<tr>
<td>CIVIL UNION PARTNER</td>
<td>A person of the same sex with whom you have entered into a civil union.</td>
<td>A copy of the marriage certificate and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the partner. If filing separately, submit a copy of both partners’ tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required.</td>
</tr>
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<td>DOMESTIC PARTNER</td>
<td>A person of the same sex with whom you have entered into a domestic partnership. Under P.L. 2003, c. 246, the Domestic Partnership Act, health benefits coverage is available to domestic partners of State employees, State retirees, or employees or retirees of a SHBP - or SEHBP - participating local public entity that has adopted a resolution to provide Chapter 246 health benefits.</td>
<td>A copy of the New Jersey certificate of domestic partnership dated prior to February 19, 2007, or a valid certification from another State or foreign jurisdiction that recognizes same-sex domestic partners and a copy of the front page of both partners’ N.J. tax return* from last year that includes the partner.</td>
</tr>
<tr>
<td>CHILDREN</td>
<td>A subscriber’s child until age 26, regardless of the child’s marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents. This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.</td>
<td>Natural or Adopted Child – A copy of the child’s birth certificate showing the name of the employee/retiree as a parent. Step Child – A copy of the child’s birth certificate showing the name of the employee/retiree’s spouse or partner as a parent and a copy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner. Legal Ward, Grandchild, or Foster Child – Copies of final court orders with the presiding judge’s signature and seal. Documents must attest to the legal guardianship by the employee.</td>
</tr>
<tr>
<td>DEPENDENT CHILDREN WITH DISABILITIES</td>
<td>If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuation of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP/SEHBP; (2) the child continues to be disabled; (3) the child is unmarried or does not enter into a civil union or domestic partnership; and (4) the child remains substantially dependent on you for support and maintenance. You may be contacted periodically to verify that the child remains eligible for coverage.</td>
<td>Documentation for the appropriate child type (as noted above) and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the child. If Social Security disability has been awarded, or is currently pending, please include this information with the documentation that is submitted. Please note that this information is only verifying the child’s eligibility as a dependent. The disability status of the child is determined through a separate process.</td>
</tr>
<tr>
<td>CONTINUED COVERAGE FOR OVERAGE CHILDREN</td>
<td>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of P.L. 2005, c. 375. This includes a child by blood or law who: (1) is under the age of 31; (2) is unmarried or not a partner in a civil union or domestic partnership; (3) has no dependant(s) of his or her own; (4) 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 (5) 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.</td>
<td>Documentation for the appropriate child type (as noted above), and a copy of the front page of the child’s federal tax return* (Form 1040) from last year, and if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</td>
</tr>
</tbody>
</table>

*You may black out all financial information and all but the last four digits of any Social Security numbers on tax returns. To obtain copies of the documents listed above, contact the office of the town clerk in the city of the birth, marriage, etc., or visit these websites: www.vitalrec.com or www.studentclearinghouse.org
Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration website: www.nj.gov/health/vital/index.shtml