

# Benefitsolver Retiree Quick Reference Guide

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# How to Access Your Health Benefits Online

[Log In to \*\*Benefitsolver\*\* Via \*\*myNewJersey\*\*](#)

[Log In to \*\*Benefitsolver\*\* Directly \(through URL\)](#)

[Explore \*\*mynjbenefitshub\*\*](#)

[Return to contents](#)

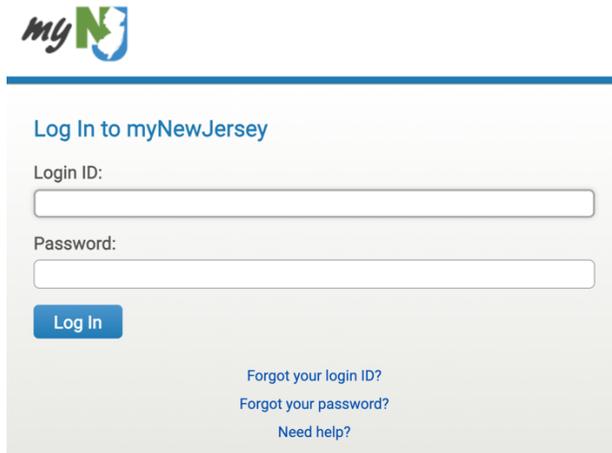
## Log In to Benefitsolver Via myNewJersey

Log in to your **myNewJersey** account to access **Benefitsolver**, also known as **mynjbenefitshub**. This will allow you to access your **Benefitsolver** account with a “single sign-on”. You do not need a second password to access **Benefitsolver** while you are logged into **myNewJersey**.

To access your **myNewJersey** account visit the State of New Jersey website at **www.nj.gov** and then click the **Login** link. This link is located in the upper left side of the State’s **Home** page.



Enter your **Login ID** and **Password**.

A screenshot of the myNJ login page. At the top left is the myNJ logo. Below it is a blue horizontal line. The page title is "Log In to myNewJersey". There are two input fields: "Login ID:" and "Password:". Below the input fields is a blue "Log In" button. At the bottom of the form area are three links: "Forgot your login ID?", "Forgot your password?", and "Need help?".

If you need help accessing your account, please utilize the links on the log in page.

- Use **Forgot your login ID** – if you don’t remember your **myNewJersey** account login ID.
- Use **Forgot your password?** – if you know your **myNewJersey** login ID, but forgot your password.
- Use **Need help?** – If you have a more complex **myNewJersey** account access issue.

Once you have logged in, scroll down toward the bottom of the page and toward the lower left you should see buttons to access **MBOS and EPIC** (for pensions), and **Health Benefits** (for **Benefitsolver**).

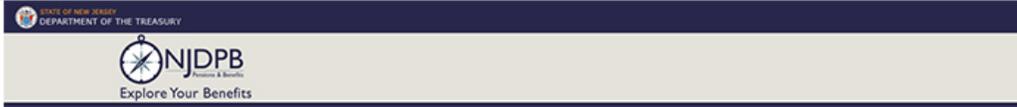


**If you have logged in to your myNewJersey account, but don't see the Benefitsolver button, you may need to follow these steps:**

Go to the New Jersey Division of Pensions and Benefits (NJDPB) website at [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions) and follow the instructions provided under **Log In via MyNewJersey** to add the **Benefitsolver** button to your **myNewJersey** account.



Provide the information below:



## Welcome to SHBP/SEHBP Health Benefits Registration

Registration is for the exclusive use of SHBP/SEHBP Subscribers

If you are not authorized to use this site, please exit.  
Unauthorized access is subject to prosecution to the fullest extent of  
the law.

Please Enter The Required Registration Information Below

Email

Confirm Email

SSN

Date of birth [mm-dd-yyyy]

You should then see the **Benefitsolver** button when you log back into your **myNewJersey** account.

[Return to top of section](#)

## Log In to Benefitsolver Directly (Through URL)

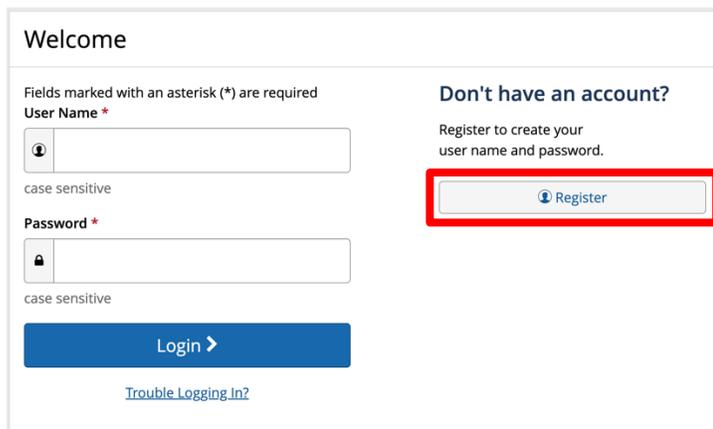
### You Can Also Log In to Benefitsolver Directly Through the mynjbenefitshub URL

Logging in through your **myNewJersey** account is the easiest method to access **Benefitsolver** for most retirees.

Access the **mynjbenefitshub** website at <http://mynjbenefitshub.nj.gov>

You may also access your **Benefitsolver** account by copying and pasting the web address (or manually typing the URL) in your internet browser.

If you have never accessed your health benefits through **mynjbenefitshub** before, click **Register** to create your **User Name** and **Password**.



Welcome

Fields marked with an asterisk (\*) are required

**User Name \***

case sensitive

**Password \***

case sensitive

[Login >](#)

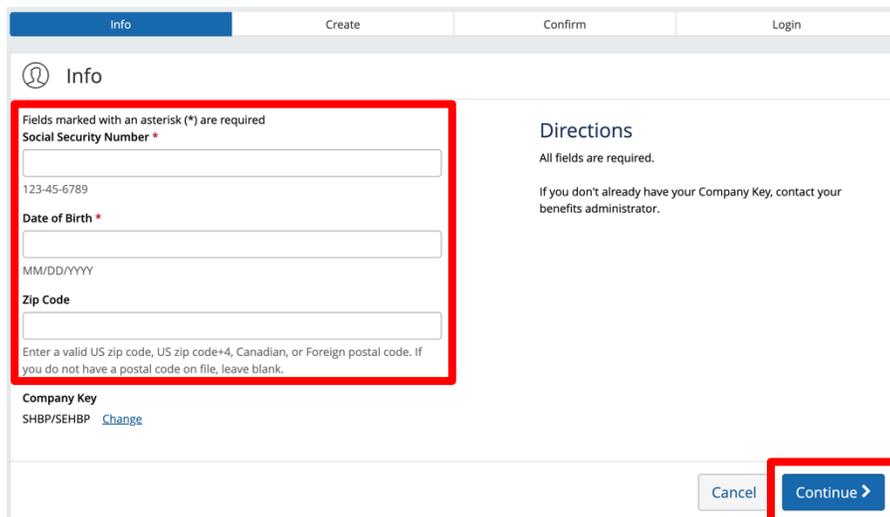
[Trouble Logging In?](#)

**Don't have an account?**

Register to create your user name and password.

[Register](#)

To create your account, you will need to enter your Social Security number, date of birth, and zip code. The Company Key is **SHBP/SEHBP**. Fields with a red asterisk (\*) are required fields. Click **Continue**.



Info Create Confirm Login

Info

Fields marked with an asterisk (\*) are required

**Social Security Number \***

123-45-6789

**Date of Birth \***

MM/DD/YYYY

**Zip Code**

Enter a valid US zip code, US zip code+4, Canadian, or Foreign postal code. If you do not have a postal code on file, leave blank.

**Company Key**  
SHBP/SEHBP [Change](#)

**Directions**

All fields are required.

If you don't already have your Company Key, contact your benefits administrator.

[Cancel](#) [Continue >](#)

## MFA Required to Log In to Account

Both **myNewJersey** and **mynjbenefitshub.nj.gov** require Multi-Factor Authentication (MFA) in order for you to log in.

This greatly increases security to your account. In addition to your usual password, you will also receive a text message (or the option to receive an email) with a code you must enter in order to log in. The MFA code will expire shortly afterwards to ensure that security to your account is not compromised.

### Multi-Factor Authentication

#### Set Up Multi-Factor Authentication

##### Why multi-factor authentication?

Adding multi-factor authentication could protect your account even if your password was hacked or stolen.

##### How does Multi-Factor Authentication Work?

When logging in:

1. Enter your normal Username and Password.
2. A second form of authentication is then completed on your personal device.

We will remember your device to secure future logins.

Setup

Select your Multi-Factor Authentication method:

- A verification code sent via text message is the most common method.
- If you do not have a cell phone to receive the code via text message, click the link next to **Don't have a phone?**

### Multi-Factor Authentication

#### Multi-Factor Authentication Method

	Setup Multi-Factor Authentication with your Preferred Authenticator App	Setup
	Setup Multi-Factor Authentication Through Text Message A verification code is sent by text message. Don't have a phone? <a href="#">Click here</a>	Setup
	Setup Multi-Factor Authentication Through Email A verification code is sent by email.	Setup

Click **Setup** then enter your cell phone number and click **Send Code** to receive your temporary MFA code.

### Multi-Factor Setup



Enter phone number

555-555-1234

We will only use this number for device security  
Message and Data rates may apply

Cancel

Send Code

**OR** you can enter your email address to receive the verification code via your email account.

### Multi-Factor Setup



MFA Email Label

Cancel

Send Code

### Some common access issues logging in and how to resolve them:

**Problem:** User has a **myNewJersey** account but doesn't see a **Benefitsolver** button displayed.

**Action:** See [page 5](#) for instructions.

**Problem:** User gets “date of birth has invalid format” error on first page of self-registration.

**Action:** Utilize a different/updated browser version. Some older internet browsers will display this error.

**Problem:** User can't remember their **myNewJersey Login ID** or **Password**.

**Action:** User needs to click the **Forgot Your Login ID** or **Forgot Your Password** link on the **myNewJersey** log in page.

**Problem:** User is unable to receive messages from the **Forgot Your Login ID** or **Forgot Your Password** links because their email address changed or they can't answer their challenge question.

**Action:** User must contact the **myNewJersey** help desk at:  
<https://my.state.nj.us/mynjhelp/HelpRequest?page=start>

**Problem:** User has multiple **myNewJersey** accounts.

**Action:** Advise the user that **myNewJersey** accounts can't be merged yet, please continue to use the separate **myNewJersey** accounts. See the preceding two items if the user can't remember their **Login ID**.

### What To Do If You Still Can't Log In:

Call the NJDPB Office of Client Services at (609) 292-7524.

[Return to top of section](#)

# Explore mynjbenefitshub

## Exploring the Hub

You can “Explore Your Benefits” through **mynjbenefitshub (Benefitsolver)** and learn about the benefits offered through the State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP).

Below is what your **Benefitsolver Home** page will look like after you log in.

We continually update the site, so the website may look slightly different than this when you visit.

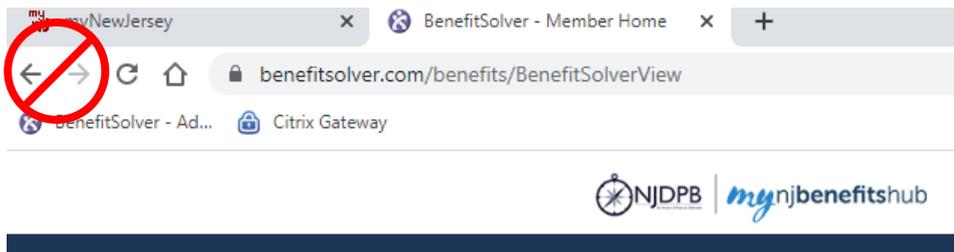
At the very top next to your name in the upper right hand corner you will see the following links: **Home**, **Message Center** and **Reference Center**.



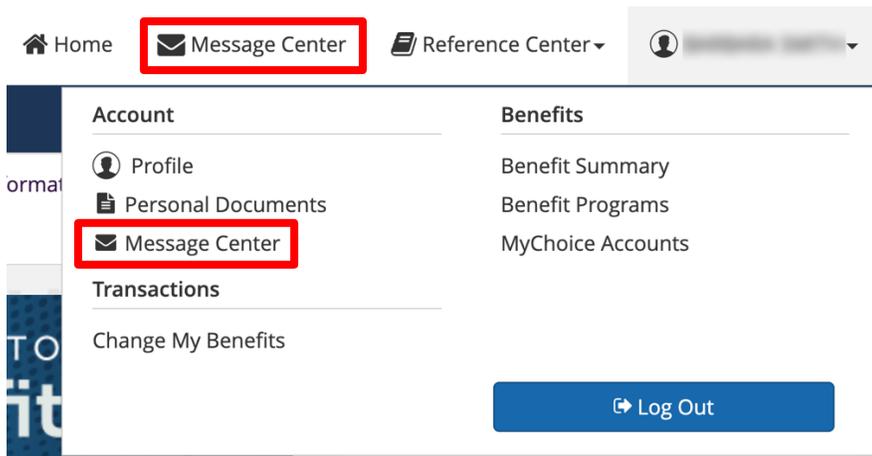
The **Home** button is used to return back to your main **Home** page.

**Important - Benefitsolver doesn't allow you to use your internet browser's "back arrow". You will have to log in again if you use the back arrow to try to return to the previous page.**

Use the **Home** button instead to return to your **Home** page.



In the **Message Center**, you will see important emails.

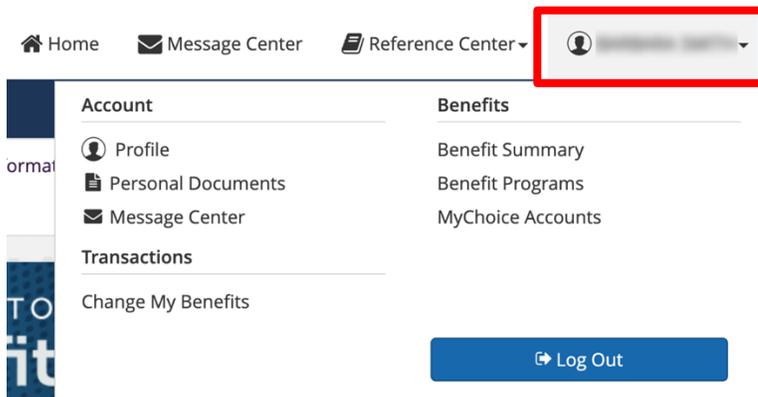


The **Reference Center** houses many documents for Administrator use, but the documents can be viewed by you as well.

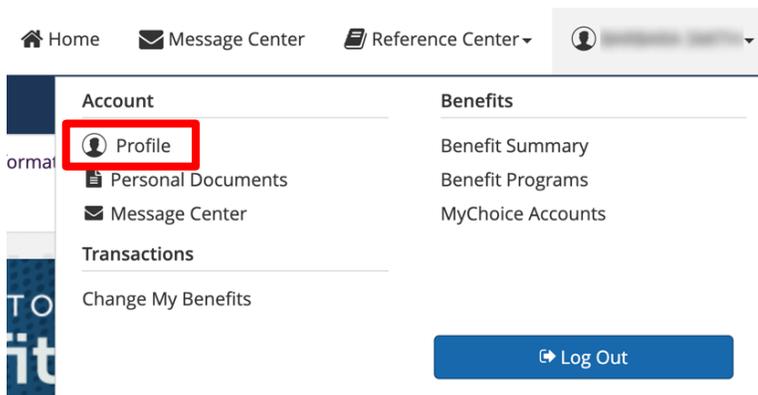
Relevant documents also appear elsewhere in the hub so you should not need to access this tab.



If you click your **name** to the right of the **Reference Center** you will see these links appear:



Under **Profile** you will see information about your account, such as your user name and password.



In **Your Account**, you can change your password and security questions. Click **Change** to change your password.

Profile

Your Account   Your Information   Your Dependents

 User Name and Password

User Name  
.....

Password  
..... **Change**

Security Phrase  Edit

When is your anniversary?  
.....

In what city were you born?  
.....

What is your father's middle name?  
.....

Once you have entered your current password, your new password, and confirmed your new password, click **Save**. The next time you log in, use your new password.

Change My Password 

Your password must include a combination of letters and numbers, and be at least 8 characters. No spaces are allowed.

User Name  
AmandaZZtest

**Password \***  
.....

**New Password \***  
.....

**Confirm Password \***  
.....

And you can **Edit** your contact preferences. Ensure your email address is up to date, so you receive important benefits notifications.

## Personal Preferences

### Contact Preferences



Email Address

[Redacted]

Personal Email Address

[Redacted] **(Primary)** - All emails will be sent to this address

Phone

[Redacted] **(Home)**

You can update your **Primary** personal email address. If you provide your cell phone number, you can receive important notifications and reminders via text messages. Click **Save** when you finish making changes.

Contact Preferences



Email Address

[Redacted]  Primary

Personal Email Address

test@test.com  Primary All emails will be sent to this address

Cell Phone Number

555-123-4567  Accept SMS Terms and Conditions Opted into text

[Terms and Conditions](#)

Cancel

Save

**Your Information** displays your main demographic information and contact information (address and phone number). Click **Edit** to make updates and **Next** to move on.

Profile

Your Account [Your Information](#) Your Dependents

About You

Name	Gender	Date of Birth	Zip	Social Security Number
XXXXXXXXXX	Female	12/12/1988	XXXX	XXXXXXXXXX

Contact Information [Edit](#)

Email Address  
None

Personal Email Address  
XXXXXXXXXX

Phone  
None

[Previous](#) [Next](#)

**Your Dependents** will list the dependents you have added to your account.

Profile

Your Account Your Information [Your Dependents](#)

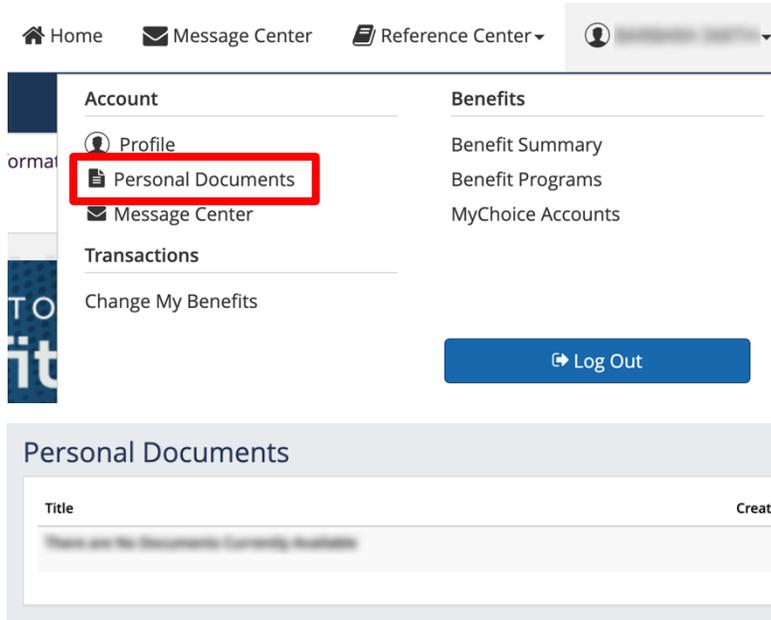
Dependents

Joe Clark	Spouse
Date of Birth: XXXXXXXX	Gender: Male

[Previous](#)

**Note:** You also need to check the box next to their name on the election pages, if you want to add them to coverage.

**Personal Documents** will show messages sent to you by Businessolver either through the mail or via email. They are all stored here. Your new retiree health benefits offering letter can be viewed here. Any Businessolver letter sent via regular mail can be viewed here.



Home Message Center Reference Center [User Profile]

**Account**

- Profile
- Personal Documents**
- Message Center

**Transactions**

- Change My Benefits

**Benefits**

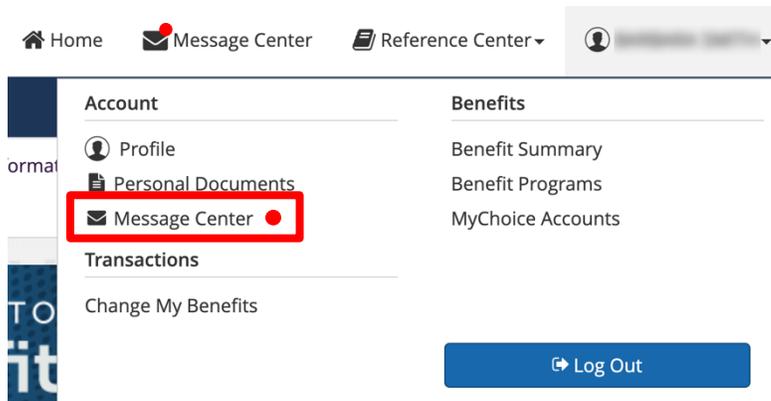
- Benefit Summary
- Benefit Programs
- MyChoice Accounts

Log Out

**Personal Documents**

Title	Created
There are no documents currently available.	

The **Message Center** can also be accessed here through your **Account**. There will be a small red circle, if you have any new messages.



Home Message Center Reference Center [User Profile]

**Account**

- Profile
- Personal Documents
- Message Center** ●

**Transactions**

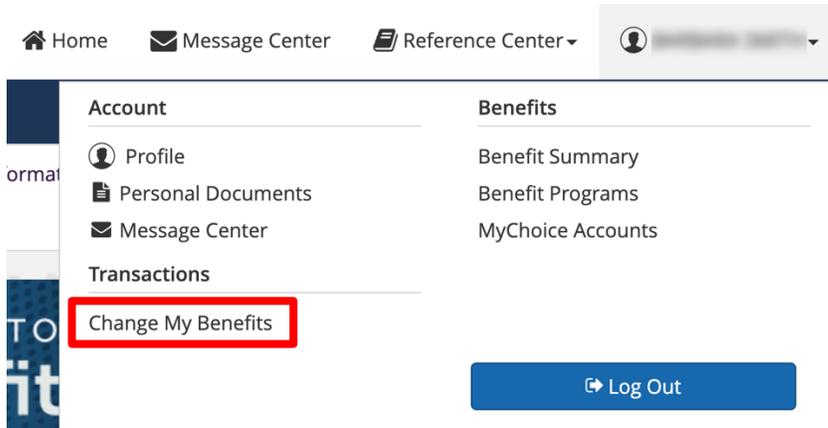
- Change My Benefits

**Benefits**

- Benefit Summary
- Benefit Programs
- MyChoice Accounts

Log Out

Under **Transactions** you will see the enrollment opportunities available to you. As a retiree, typically you will only see **Change My Benefits** listed here. If you are a new retiree, you would also see your initial new retiree enrollment window linked here, in addition to, the new retiree enrollment window banner you would see across the top of your **Home** page.



Home Message Center Reference Center

Account

- Profile
- Personal Documents
- Message Center

Transactions

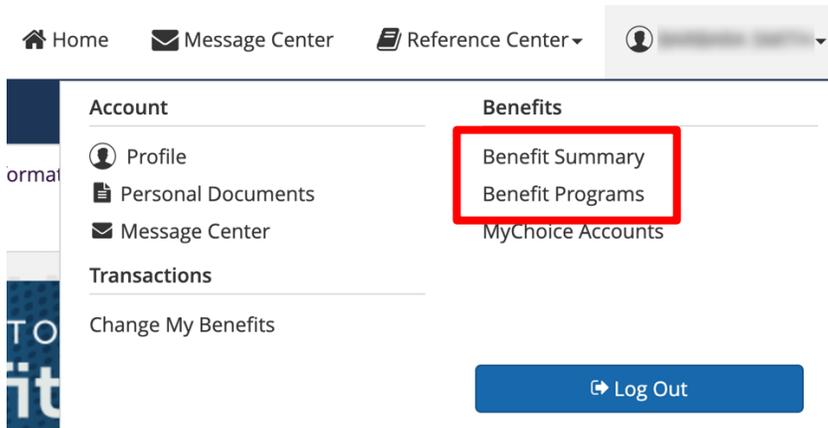
- Change My Benefits**

Benefits

- Benefit Summary
- Benefit Programs
- MyChoice Accounts

Log Out

Under **Benefits** you can view your **Benefits Summary** and other **Benefits Programs**.



Home Message Center Reference Center

Account

- Profile
- Personal Documents
- Message Center

Transactions

- Change My Benefits

Benefits

- Benefit Summary**
- Benefit Programs**
- MyChoice Accounts

Log Out

The **Benefits Summary** will show you a summary of your enrollment and demographic information. You should review this information to verify its accuracy. You also can view your **Benefits Summary** in a printable PDF version at any time.

You should review your **Benefits Summary** periodically to verify that all the information (demographic, enrollment, your dependents) in **Benefitsolver** is still accurate.

[Return Home](#) [PDF](#)

### Benefit Summary



Benefit Summary Generated On 08/14/2024 At 05:26:11 CDT

▼ **About You**

**Your Information**

Name	[REDACTED]
Address	[REDACTED]
Date of Birth	[REDACTED]
Gender	[REDACTED]

▼ **Dependents - 0**

No Dependents Listed

▼ **Medicare Information**

<b>Med Part A Eff Date</b> 12/01/2022	<b>Med Part B Eff Date</b> 12/01/2022
--	--

### Election Information

Current

**Current**

<b>My Health</b>	
<b>Plan</b>	<b>Coverage</b>
<b>Medical</b>	[REDACTED]

[View Details](#)

**Benefit Programs** will link you to other resources and benefits available to you as a retiree.

**Benefit Programs**

Use the links below to directly connect to your available vendors and resources.



Care Navigation



Nurseline

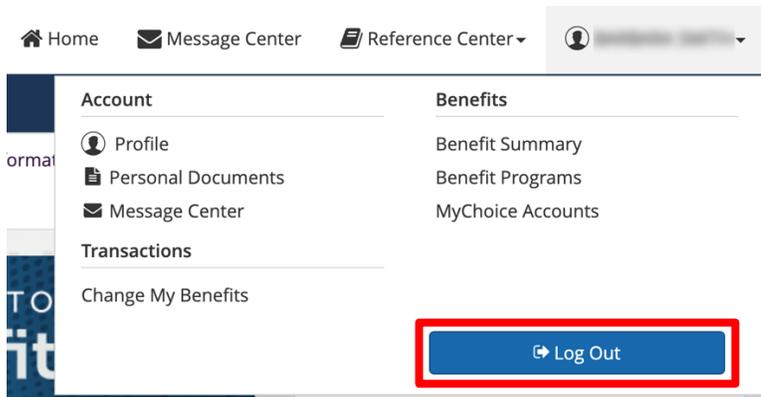


Telemedicine



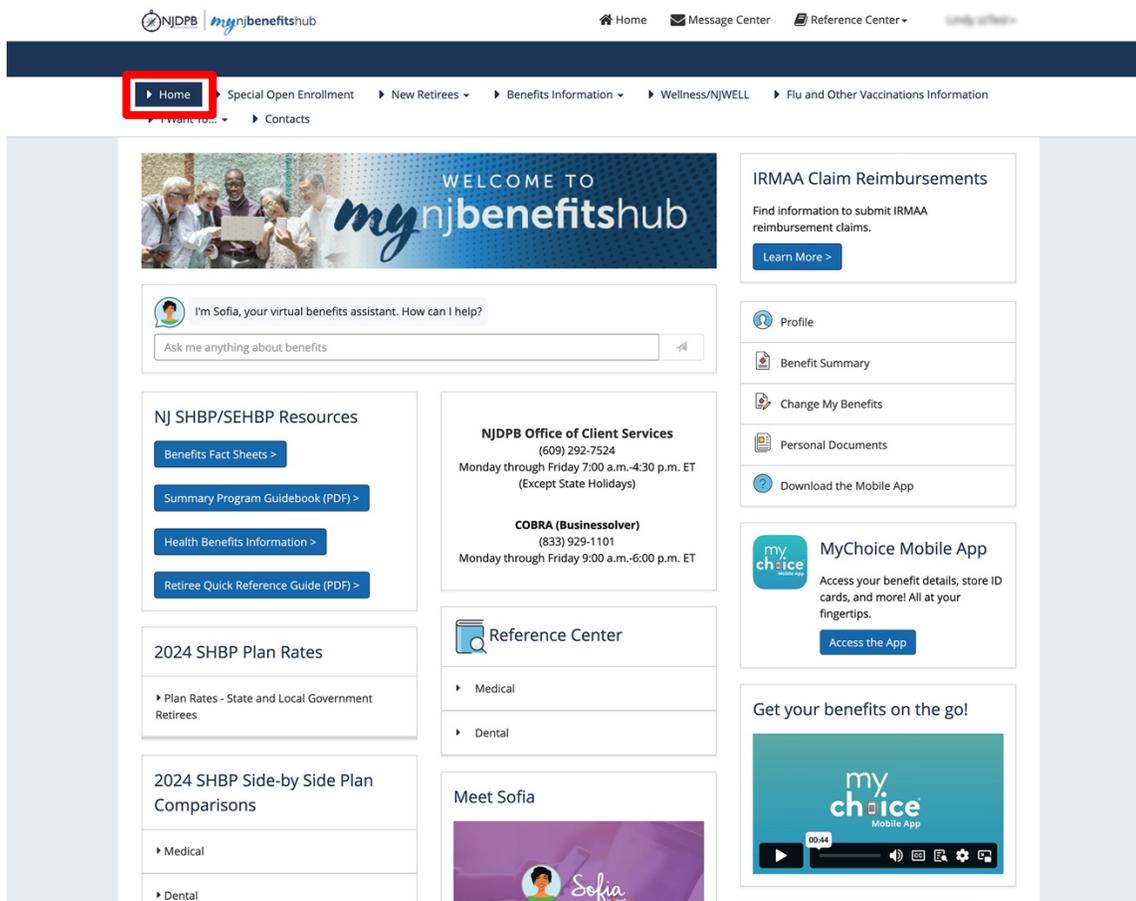
Hi, I'm Sofia!

When you are ready to **Log Out** of **Benefitsolver**, this is where you will find the **Log Out** button. This is especially necessary if you are using a shared computer.

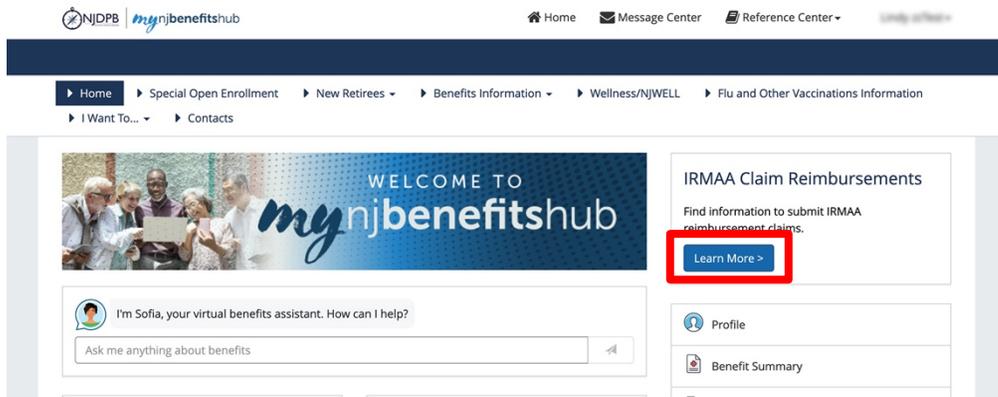


We recommend taking the time to explore the website and familiarize yourself with each of the tabs along the top of your **Home** page. To the right of the **Home** button you will see other tabs like in the image below.

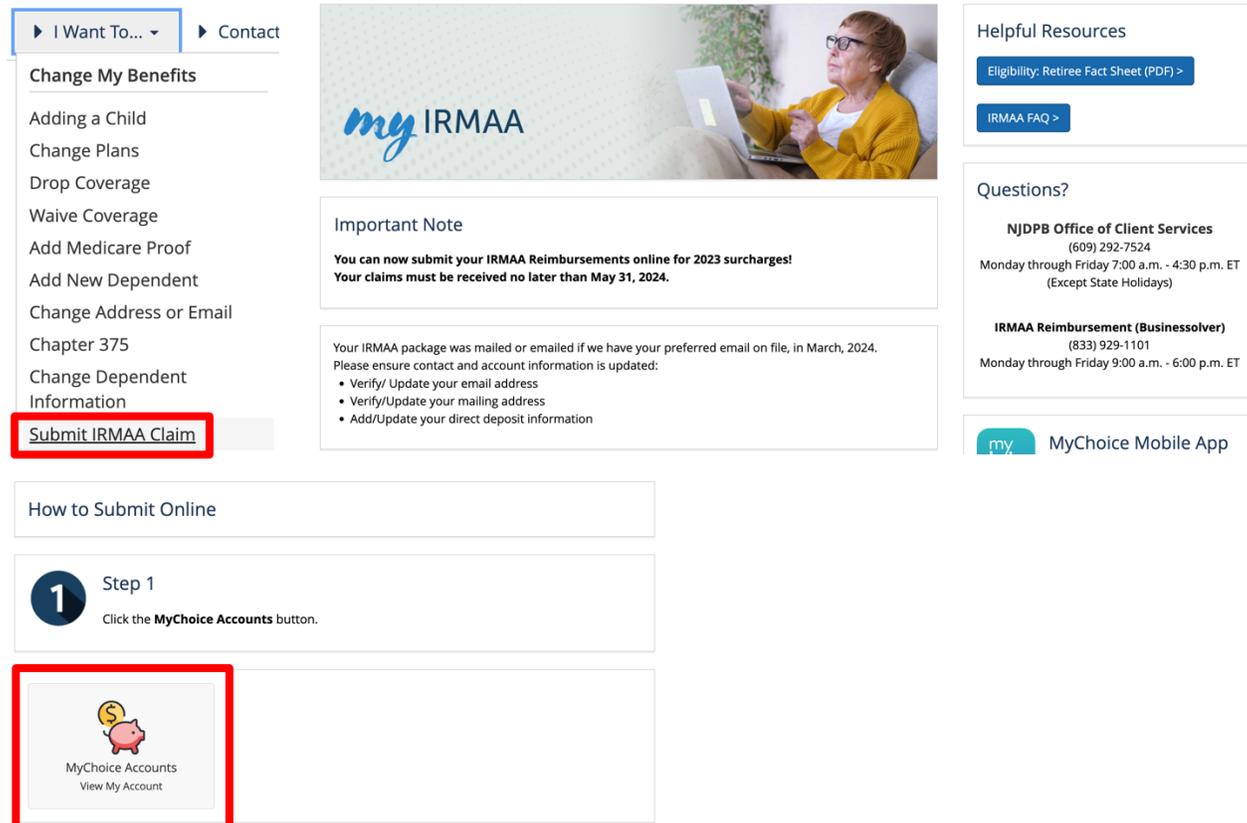
Here is a brief tour of what you will find on the pages linked to each of these tabs.



The **IRMAA** (Income Related Monthly Adjustment Amount) page is only applicable if you are a Medicare-eligible retiree who has income above a certain level. This page provides all the information you'll need to request your year-end reimbursement of Medicare IRMAA premiums. If you and/or your spouse are enrolled in Medicare Part B and/or Medicare Part D, you may be able to submit a reimbursement for those premiums through your **Benefitsolver** account.



You can find helpful information on the **I Want To... Change My Benefits > Submit IRMAA Claim** page.



## Questions?

Businessolver is the administrator for our IRMAA Reimbursements and COBRA population, so if you have any IRMAA or COBRA-related questions you would call **Businessolver** at (833) 929-1101, Monday through Friday 9:00 a.m. - 6:00 p.m. ET.

### Questions?

#### **NJDPB Office of Client Services**

(609) 292-7524

Monday through Friday 7:00 a.m. - 4:30 p.m. ET  
(Except State Holidays)

#### **IRMAA Reimbursement (Businessolver)**

(833) 929-1101

Monday through Friday 9:00 a.m. - 6:00 p.m. ET

Publications and resources posted on the NJ Division of Pensions and Benefits (NJDPB) website can be accessed through your **Benefitsolver** account **Home** page. Here you can view plan overviews and plan rate charts.

The **Fact Sheets** on the **Home** page, provide a wealth of information on various topics. The **Summary Program Guide** is a great general overview of your SHBP/SEHBP program benefits. The Health Benefits Information will take you to the NJDPB website.

### NJ SHBP/SEHBP Resources

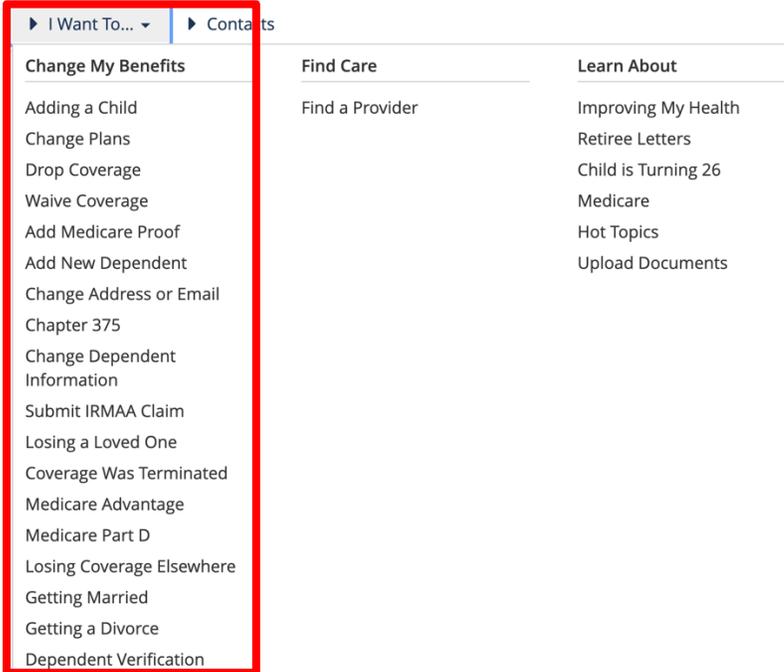
[Benefits Fact Sheets >](#)

[Summary Program Guidebook \(PDF\) >](#)

[Health Benefits Information >](#)

[Retiree Quick Reference Guide \(PDF\) >](#)

In the **I Want to... Change My Benefits** section, you can choose a specific action or change that you want to make. You will see a page with clear direction and resources for you to complete each action. You will also find information here to assist you will the enrollment process.

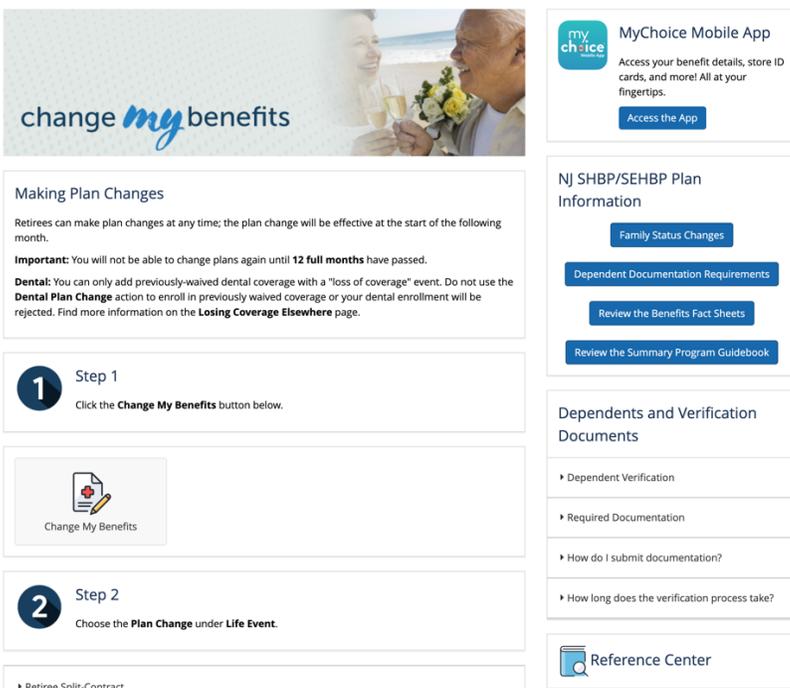


▸ I Want To... ▾ | ▸ Contacts  
**Change My Benefits**  
 Adding a Child  
 Change Plans  
 Drop Coverage  
 Waive Coverage  
 Add Medicare Proof  
 Add New Dependent  
 Change Address or Email  
 Chapter 375  
 Change Dependent Information  
 Submit IRMAA Claim  
 Losing a Loved One  
 Coverage Was Terminated  
 Medicare Advantage  
 Medicare Part D  
 Losing Coverage Elsewhere  
 Getting Married  
 Getting a Divorce  
 Dependent Verification

**Find Care**  
 Find a Provider

**Learn About**  
 Improving My Health  
 Retiree Letters  
 Child is Turning 26  
 Medicare  
 Hot Topics  
 Upload Documents

For example, when you click on **Change Plans**, you will see many resources, as well as simple steps you need to take to complete your change.



**change my benefits**

**MyChoice Mobile App**  
 Access your benefit details, store ID cards, and more! All at your fingertips.  
[Access the App](#)

**Making Plan Changes**  
 Retirees can make plan changes at any time; the plan change will be effective at the start of the following month.  
**Important:** You will not be able to change plans again until **12 full months** have passed.  
**Dental:** You can only add previously-waived dental coverage with a "loss of coverage" event. Do not use the **Dental Plan Change** action to enroll in previously waived coverage or your dental enrollment will be rejected. Find more information on the **Losing Coverage Elsewhere** page.

**NJ SHBP/SEHBP Plan Information**  
[Family Status Changes](#)  
[Dependent Documentation Requirements](#)  
[Review the Benefits Fact Sheets](#)  
[Review the Summary Program Guidebook](#)

**Dependents and Verification Documents**  
 ▸ Dependent Verification  
 ▸ Required Documentation  
 ▸ How do I submit documentation?  
 ▸ How long does the verification process take?

**Reference Center**

**1 Step 1**  
 Click the **Change My Benefits** button below.

  
 Change My Benefits

**2 Step 2**  
 Choose the **Plan Change** under **Life Event**.

▸ Retiree Split-Contract

The **Benefits Information** section includes plan information.

The **Health Benefits** pages have helpful resources for medical, dental, and prescription drugs.

The **Medical Insurance** page provides plan details, rates, and calculators to help you choose and use the right plan for you.

The **Dental Insurance** page provides information about our retiree Dental plans.

[▶ Benefits Information ▾](#)
[▶ Wellness/NJWELL](#)
[▶ Flu and Other Vaccinations](#)

Health Benefits	Additional Benefits
<a href="#">Medical Insurance</a> <a href="#">Dental Insurance</a> <a href="#">Prescription Plan</a>	<a href="#">Behavioral Health</a> <a href="#">Health Support</a>



### Retiree Dental Coverage

You may choose to enroll in one of two different types of dental plans:

- A **Dental Plan Organizations (DPO)** are companies that contract with a network of providers for dental services. You will need to choose a dental provider from the network for services to be covered.
- A **Preferred Provider Network (PPO)** is a traditional plan that allows you to obtain services from any dentist. Preventative care is covered at 100%. For all other services, once you satisfy the deductible, you are reimbursed for a portion of covered services.
- [Dental Fact Sheet #73 \(PDF\)](#) See Page 4 for details on each dental plan's Service Area.

### Dental Plan Rates

The monthly dental premium is based on the plan selected and your level of coverage (single, member/spouse, parent/child, or family). The dental tier level does not change your monthly premium.

[Transition of Care for Orthodontics FAOs](#)

[DMO FAQs - Aetna DMO FAOs](#)



**Dental**  
(877) STATENJ  
(877) 782-8365

[Aetna Dental Website](#)

[Find a Provider](#)



**Dental**  
(833) 597-7427

[Horizon Blue SHBP/SEHBP Website](#)

[Find a Provider](#)

**NJ SHBP/SEHBP Plan Information**

[Review the Benefits Fact Sheets](#)

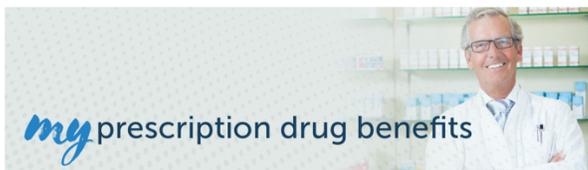
The **Prescription Plan** page is where you will find your Prescription Drug benefits information including your plan’s formulary.

[Benefits Information](#)
[Wellness/NJWELL](#)
[Flu and Other Vaccinations](#)

Health Benefits	Additional Benefits
Medical Insurance	Behavioral Health
Dental Insurance	Health Support
<b>Prescription Plan</b>	

All of the retiree Medical plans have a Prescription Drug plan bundled with them. There are only a few exceptions where you would not have your drug coverage through the SHBP/SEHBP. This would usually occur if you enrolled in another Medicare Part D plan outside of the SHBP/SEHBP. If you enroll in another Medicare D plan, you would then be “bumped” out of your SHBP/SEHBP Medicare Part D plan. The State is required to follow the Centers for Medicare and Medicaid Services (CMS), which only allows Medicare retirees to be enrolled in one Medicare part D plan at a time.

There are a small number of Local Government employers that provide a private (non-SHBP) drug plan to their retirees since they have elected not to participate in the SHBP Prescription Drug program.



**Prescription Plan**

Prescription drug coverage is available to all State Bi-Weekly, State Monthly, Education and Local Government retirees unless their employer has a private Rx plan.

**Prescription Plan Overview**

- How Optum Rx works
- Enhanced Savings Program (ESP)
- Optum Perks

**Prescription Drug List**

- SHBP Formulary
- Optum Rx Drug List

**Optum Online Resources**

[Educational Information](#)

**FAQ**

- What happens when I become eligible for Medicare?
- How can I get my prescription filled?



**Prescription Drugs**  
(844) 368-8740 (Non-Medicare)  
(844) 368-8765 (Medicare)

[Optum Rx Website](#)

[Find a Participating Pharmacy](#)

**NJ SHBP/SEHBP Plan Information**

[Review the Benefits Fact Sheets](#)

[Review the Summary Program Guidebook](#)

**Learn About Optum Rx**



Who is OptumRx? scriptio:is

S M T W T F S

**Reference Center**

- Prescription Drug

Most retirees are very familiar with the “big three” health benefits (Medical, Prescription Drug, and Dental) but you might not be aware of the other benefits available to you through the SHBP/SEHBP.

Please take some time to look around and explore the **Additional Benefits** section with helpful information about behavioral health and other health support programs.

Utilizing these free programs may help you save on out-of-pocket costs, reduce your health expenses, and improve your overall quality of life.

[▶ Benefits Information ▾](#)
[▶ Wellness/NJWELL](#)
[▶ Flu and Other Vaccination:](#)

Health Benefits	<b>Additional Benefits</b>
Medical Insurance	Behavioral Health
Dental Insurance	Health Support
Prescription Plan	



### Behavioral Health for Horizon Medical Plan Enrollees

The dedicated Horizon Behavioral Health care team will work with you, your family, caretakers, and doctors to make sure you get the most from your benefits to get the treatment and support you need.

If you or a loved one is dealing with daily challenges or serious conditions, we can help connect you with care, including:

- Individual and group counseling
- Crisis intervention and mental health treatment
- Autism care management services
- Online wellness and self-directed therapy tools
- Virtual doctor and therapy visits
- Treatment programs for Substance Use Disorder

### Behavioral Health for Aetna GSHP Enrollees

Our team provides a full range of help, support and treatment to help you take care of your mental and emotional health. Our goal is to support you and your family in an integrated approach to address your



**Horizon Behavioral Health**  
Asking for help can be challenging, but you're not alone. Confidential help is available.

(800) 991-5579  
Available 24/7

[Find a Behavioral Health Professional Online](#)



**Medical**  
(877) STATENJ  
(877) 782-8365

[Aetna Website](#)

[Find a Provider](#)




### Nurseline

Not sure how serious it is? Call Nurseline! They can give you direction on minor medical incidents, and direct you to the ER or a physician if it's more serious.

[Learn More](#)



### MyChoice Mobile App

Access your benefit details, store ID cards, and more! All at your fingertips.

[Access the App](#)



I'm Sofia, your virtual benefits assistant. How can I help?

The **Wellness/NJWELL** page provides access to your wellness programs, if applicable.

[Home](#) | [Special Open Enrollment](#) | [New Retirees](#) | [Benefits Information](#) | **[Wellness/NJWELL](#)** | [Flu and Other Vaccinations Information](#)  
[I Want To...](#) | [Contacts](#)





**MyChoice Mobile App**

Access your benefit details, store ID cards, and more! All at your fingertips.

[Access the App](#)



I'm Sofia, your virtual benefits assistant. How can I help?

Ask me anything about benefits

The **Flu and Other Vaccinations Information** page is your source for all information regarding influenza and COVID vaccinations.

[Home](#) | [Special Open Enrollment](#) | [New Retirees](#) | [Benefits Information](#) | [Wellness/NJWELL](#) | **[Flu and Other Vaccinations Information](#)**  
[I Want To...](#) | [Contacts](#)



**IMPORTANT: The federal COVID-19 public health emergency and the national emergency ended on May 11, 2023.** Changes were made to how members pay for the vaccine, home test kits, and lab tests. To learn more, see the links provided below under "Vaccine Resources & Information".

This year, it is more important than ever to protect yourself and your loved ones from the flu. The NJDPB is offering **FREE flu vaccinations clinics** for ALL NJDBP retirees and their dependents.

Schedule your appointment today! Use your Horizon or Aetna card at your primary care provider, or use your OptumRx card at a participating pharmacy.

Questions and Answers on Aetna's Flu and COVID-19 Vaccines

**Influenza**

Should I get a flu shot?

**COVID-19**

How much does it cost to get a COVID-19 vaccine?



A Letter From the Treasurer

[Download here](#)



August is IMMUNIZATION AWARENESS MONTH



New Jersey Flu Season Resource

Optum Rx: Are flu shots and COVID-19 vaccines covered?

The **Learn About** section will keep you up to date on any important announcements, and additional details for common questions.

► I Want To... ▾    ► Contacts

Change My Benefits	Find Care	Learn About
Adding a Child	Find a Provider	Improving My Health
Change Plans		Retiree Letters
Drop Coverage		Child is Turning 26
Waive Coverage		Medicare
Add Medicare Proof		Hot Topics
Add New Dependent		Upload Documents
Change Address or Email		

In the **I Want To... Learn About Retiree Letters** you will see copies of letters and other communications recently sent out to our retirees. If you have not received these mailings, you can update your mailing address on the **I Want To... Change My Benefits > Change Address or Email** page.

► I Want To... ▾    ► Contacts

Change My Benefits	Find Care	Learn About
Adding a Child	Find a Provider	Improving My Health
Change Plans		<b>Retiree Letters</b>
Drop Coverage		Child is Turning 26
Waive Coverage		Medicare
Add Medicare Proof		Hot Topics
Add New Dependent		Upload Documents
Change Address or Email		



To ensure you are receiving updated information on your retiree benefits, please ensure your mailing address and email are updated and accurate.

For additional information, please read these [FAQs](#)

### Retiree Mailings - SHBP

- [July 2024 - Aetna ID Card \(Split Retiree Coverage\)](#)
- [Jan 2023 - IRMAA Postcard](#)
- [Dec 2022 - Retiree Newsletter](#)
- [May 2022 - Retiree Email Update Postcard](#)

The **Contacts** page is your resource to find contact information for all of the plans that participate in the SHBP/SEHBP. The contact information for the companies that provide your additional benefits are listed here too.

▶ Home ▶ Dental Special Enrollment ▶ New Retirees ▶ Benefits Information ▶ Wellness/NJWELL ▶ Flu and Other Vaccinations Information  
▶ I Want To... ▶ **Contacts** ▶ Webinars



**Aetna**

Medical  
SHBP (866) 237-3129  
SEHBP (866) 816-3662  
[Aetna Medical](#)

Dental  
(877) 782-8365  
[Aetna Retiree Dental](#)



**Optum Rx**

Prescription Drug  
Non-Medicare (844) 368-8740  
Medicare (844) 368-8765  
[Optum Rx](#)

Download the Mobile App:



**Retiree Assistance**

**NJDPB Office of Client Services**  
(609) 292-7524  
Monday through Friday  
7:00 am-4:30 pm ET (Except State  
Holidays)

**COBRA (Businessolver)**  
(833) 929-1101  
Monday through Friday  
9:00 am-6:00 pm ET



**Horizon BCBS - SEHBP**

Medical  
Member Services (800) 414-7427  
[Horizon Medical](#)

Dental  
Member Services (833) 597-7427  
[Horizon Dental](#)



**FORGE Health**

Veterans and First Responders  
(888) 224-7312  
[FORGE Health](#)

Find information about changing your address or email on the **I Want To... Change My Benefits > Change Address or Email** page.

The screenshot shows the 'I Want To...' dropdown menu on the left with 'Change Address or Email' highlighted in a red box. The main content area is titled 'change address or email' and includes sections for 'Change My Email Address', 'Change My Address or Phone Number', and a 'Step 1' instruction. On the right, there are links for 'NJ SHBP/SEHBP Resources', 'MyChoice Mobile App', and a virtual assistant 'Sofia'.

Or via **Profile** under **Account** which is below your name in the upper right-hand corner.

The screenshot shows the user account menu in the top right corner. The 'Account' section is expanded, and 'Profile' is highlighted with a red box. Other options in the 'Account' section include 'Personal Documents', 'Message Center', and 'Change My Benefits'. The 'Benefits' section includes 'Benefit Summary', 'Benefit Programs', and 'MyChoice Accounts'. A 'Log Out' button is visible at the bottom of the menu.

When you are enrolling in coverage or changing your coverage, you will also have the opportunity to update your demographic information during the enrollment process. If those fields do not come up automatically, click **Edit** in the **About You** section to update your contact information.

Profile

Your Account   Your Information   Your Dependents

 User Agreements

Agreement	Consent	Actions
Electronic Signature Consent	Yes	<a href="#">View</a>

 Personal Preferences

Contact Preferences 

Email Address  
\_\_\_\_\_

Personal Email Address  
\_\_\_\_\_

Phone  
\_\_\_\_\_

Next >

**Note:** Although your address in **Benefitsolver** will feed over to the health carriers (i.e. Aetna, Horizon, Optum Rx etc.), you would still need to update your address for pension-related purposes. **Benefitsolver** does not update the address in your pension account.

The **I Want To... Find Care > Find A Provider** page will help you search for in-network providers such as a specialist, local hospital, or dentist.

► I Want To... ▾    ► Contacts

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**Change My Benefits**

- Adding a Child
- Change Plans
- Drop Coverage
- Waive Coverage
- Add Medicare Proof
- Add New Dependent

**Find Care**

- Find a Provider**



 **MyChoice Mobile App**  
Access your benefit details, store ID cards, and more! All at your fingertips.  
[Access the App](#)

**Medical**

**Pharmacy**

 I'm Sofia, your virtual benefits assistant. How can I help?

  
Aetna Member Services:  
(877) STATENJ  
(877) 782-8365  
[Aetna Website](#)  
[Find a Provider](#)

  
**Prescription Drugs**  
Non-Medicare: (844) 368-8740  
Medicare: (844) 368-8765  
[Find a Participating Pharmacy](#)

  
Horizon Member Services:  
(800) 414-SHBP (7427)  
[Horizon Website](#)

**Dental**



[Return to top of section](#)

# New Retirees

[Overview](#)

[Retiree Enrollment Process \(non-Medicare\)](#)

[Retiree Enrollment Process \(Medicare\)](#)

[Return to contents](#)

## Overview

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### Enrolling In Benefits Through Benefitsolver

- When first enrolling in retiree coverage, you have up to 60 days after the effective date of your retired coverage to enroll or make changes to your elections.
- Retirees can enroll in previously waived coverage at any time, but a letter showing proof of the loss of your other group coverage must be uploaded in **Benefitsolver** within 60 days of the loss of coverage event to avoid any gap in your coverage.
- Retirees can add dependents at any time when there is a Qualifying Life Event such as a birth or a marriage. The enrollment window for life events is within 60 days from the date of the life event.
- A retiree can also add a dependent at any time if their dependent(s) experiences coverage loss from another qualifying plan. A letter showing proof of the loss of their other group coverage must be uploaded in **Benefitsolver** within 60 days of the loss of coverage event to avoid a gap in their coverage.
- Retirees can add dependent(s) at any time without a life event or a loss of other coverage event, but the effective date of their coverage would be the first of the month following a 60-day waiting period. The dependent(s) could have a gap in their coverage as a result of this enrollment waiting period.

### When does your coverage begin?

- If you were previously paid through Centralized Payroll (State Biweekly employee) you will be covered for two additional pay periods upon your active member termination. Your retiree coverage will start when your active coverage terminates.
- All other employees retiring from an employer that is participating in the SHBP/SEHBP will be covered for one additional month beyond your retirement date and then your retiree coverage will start.
- If you worked for a SEHBP employer that did not participate in the SEHBP while you were actively working your retiree coverage will start as of your retirement date.
- **Note:** It is not permissible to have any gap in your coverage from active employee status to retired benefits status. Your coverage must be continuous. If you are eligible for COBRA, it would be possible to bridge the gap from active to retired with COBRA coverage to maintain your eligibility for retiree health benefits.

## Auto-Enroll From Active Enrollment

Businessolver will mail new retirees a letter offering the opportunity to enroll in SHBP/SEHBP retired health benefits. The letter will also tell you if you will be auto-enrolled into retiree health benefits. If so, you will transfer into the corresponding retiree equivalent of the plans that you were previously enrolled in as an active employee.

- If you had active employee coverage through a participating SHBP/SEHBP employer upon retirement, your coverage will automatically be carried over to the retiree group and you will be placed in the corresponding retiree plans.
- Covered dependents will also be carried over into retiree coverage.
- If you are satisfied with your auto-enrollment coverage then no further action is required.
- If you wish to change your plans or add/delete covered dependents, you may do so through **Benefitsolver** during your new retiree enrollment period.
- You must then remain in your retiree plans for at least 12 months before you can make another plan change.
- If you wish to terminate or waive your coverage, you must do so through **Benefitsolver** within 60 days of your enrollment date. (After your initial enrollment period your termination or waiver would be processed prospectively - effective the last day of that month.)

## Auto-Enrollment and Medicare

- If you and your spouse are both ineligible for Medicare, you will auto-enroll into a corresponding non-Medicare retiree plan.
- If you and your spouse are both enrolled in Medicare, you will auto-enroll into a corresponding Medicare Advantage plan.
- If either you or your spouse are Medicare eligible, but the other is not, you will be placed in a corresponding Medicare or non-Medicare plan accordingly. Any dependent children will be placed in the corresponding non-Medicare plan.
- You must select a non-Medicare Advantage plan in order to add any children or a non-Medicare eligible spouse/partner. (Choosing this plan will still automatically enroll any Medicare members/dependents in the equivalent Medicare plan)

## Reasons You Would Not Auto-Enroll

- You were not enrolled in coverage under the SHBP/SEHBP as an active employee.
- Your former SEHBP employer no longer participates in SEHBP.
- You are eligible for Medicare and your proof of enrollment in Medicare Parts A and B has not yet been entered into **Benefitsolver** and as a result your enrollment is in a “pending” status.

**If your offering letter indicated that you will not be auto-enrolled into retired health benefits you must login to Benefitsolver to select your plans or waive your retiree benefits.**

## New Retiree Enrollment Process (Auto-Enroll)

New retirees will receive a retired health benefits offering letter from Businessolver notifying them of their eligibility for retiree health benefits through the SHBP/SEHBP. The letter will indicate that you will be auto-enrolled into retired coverage. You should log in to **Benefitsolver** and access your **Benefits Summary** to review your retiree coverage.

**If you are satisfied with your coverage then no further action is required.**

[Return to top of section](#)

# Retiree Enrollment Process (Non-Medicare)

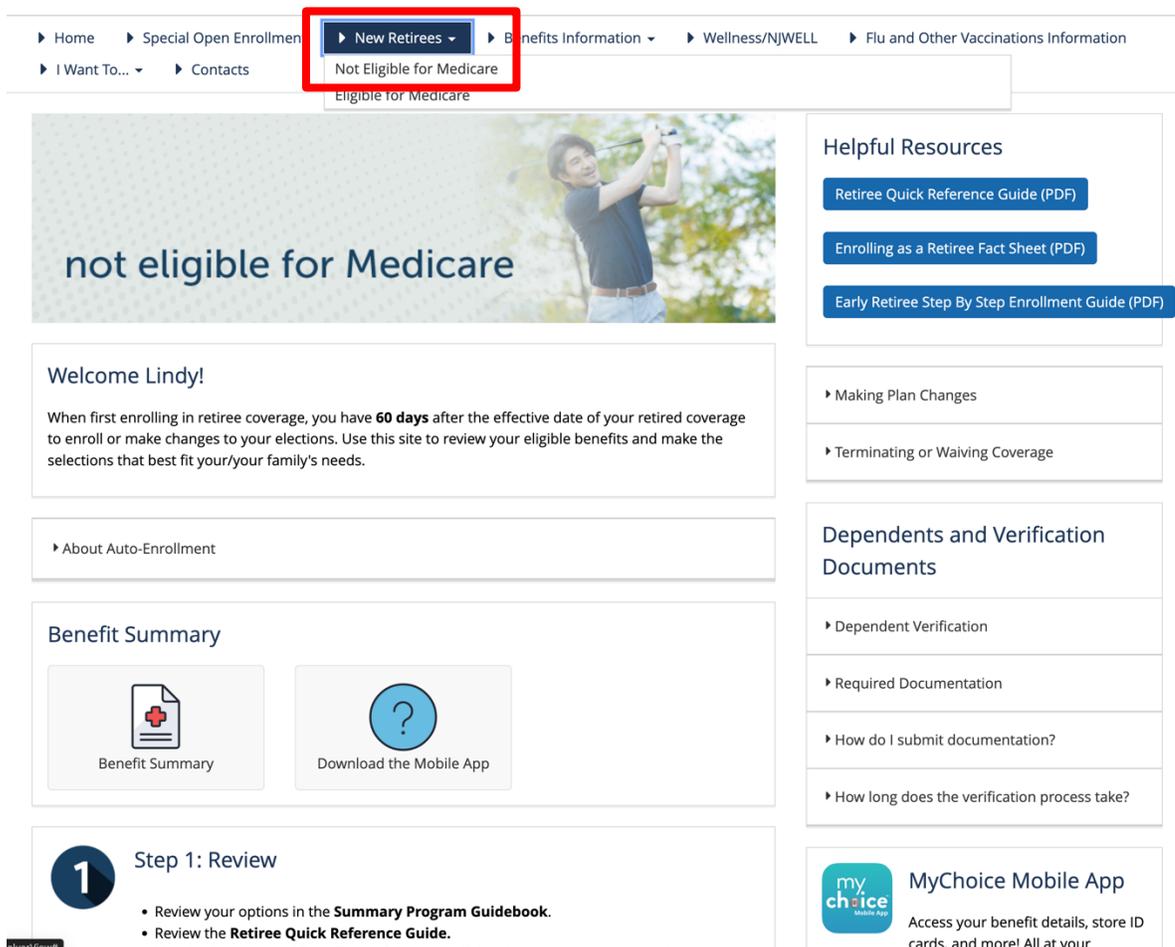
## New Retiree Enrollment Process (Manual Enrollment With No Medicare)

### Before we walk you through the Benefitsolver enrollment process step-by-step...

Always check the accuracy of your contact information even if you are not making any changes to your coverage. **It is very important to have a valid mailing address in Benefitsolver.** If you have an email address on file, please keep that up to date as well, since the **Benefitsolver** system also sends important enrollment reminders and information about your benefits via email.

If you were not auto-enrolled into retired health benefits, or if you were auto-enrolled but want to make changes to your coverage, you may do so during your new retiree enrollment period.

Visit the **New Retirees Not Eligible for Medicare** page for helpful information to enroll or make changes.



[Home](#)
[Special Open Enrollment](#)
[New Retirees](#)
[Benefits Information](#)
[Wellness/NJWELL](#)
[Flu and Other Vaccinations Information](#)

[I Want To...](#)
[Contacts](#)
[Not Eligible for Medicare](#)
[Eligible for Medicare](#)

## not eligible for Medicare

Welcome Lindy!

When first enrolling in retiree coverage, you have **60 days** after the effective date of your retired coverage to enroll or make changes to your elections. Use this site to review your eligible benefits and make the selections that best fit your/your family's needs.

[About Auto-Enrollment](#)

### Benefit Summary

[Benefit Summary](#)
[Download the Mobile App](#)

### 1 Step 1: Review

- Review your options in the **Summary Program Guidebook**.
- Review the **Retiree Quick Reference Guide**.

### Helpful Resources

- [Retiree Quick Reference Guide \(PDF\)](#)
- [Enrolling as a Retiree Fact Sheet \(PDF\)](#)
- [Early Retiree Step By Step Enrollment Guide \(PDF\)](#)

- [Making Plan Changes](#)
- [Terminating or Waiving Coverage](#)

### Dependents and Verification Documents

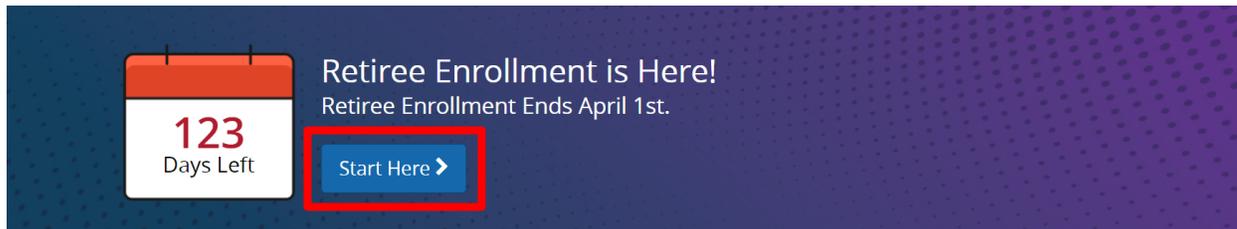
- [Dependent Verification](#)
- [Required Documentation](#)
- [How do I submit documentation?](#)
- [How long does the verification process take?](#)

### MyChoice Mobile App

Access your benefit details, store ID cards, and more! All at your

You will see your enrollment period count down displayed prominently in the banner at the top of the website. This feature is provided to remind you of how many days you have left to either select your retiree coverage or make changes to your retiree coverage. You can add or remove dependents or change your plans at this time. If you had selected a plan in error and want to go back and select a different plan you may still do so within this initial enrollment period.

Start by clicking the button found in the **Retiree Enrollment is Here** banner.



On the following page, click **Start Enrollment**.

Hi, I'm Sofia, your trusted benefits advisor!



Consider me your trusted benefits guide as you make your way through your benefits elections. If at any point you have a question, simply click on the **"Ask Sofia"** link in the upper right hand corner of the page.

As an automated, personal benefits assistant, I'll do my best to answer your questions quickly. However, if I'm unable to assist, I'll get you connected to someone who can.

Let's get started!

---

A blue button with a white border and the text 'Start Enrollment', highlighted with a red rectangular border.

## Medicare Question

Before you are able to proceed with choosing your plans, you must first answer a few questions regarding your Medicare eligibility. (Any question or field with a red asterisk (\*) is **required** to proceed.)

You will answer **No** if you and your spouse/partner are not yet eligible for Medicare.

Are you enrolled in Medicare? \*

No

Please Select One

No

Yes

The next question should be answered as follows:

- Choose **No Medicare** if **NEITHER** you nor your spouse are eligible for Medicare.
- Choose **Split Medicare** if only you **OR** only your spouse are eligible for Medicare.
- Choose **Medicare** if **BOTH** you and your spouse are eligible for Medicare.

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "**Split Medicare**" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "**Split Medicare**" below. \*

No Medicare

Please Select One

No Medicare

Split Medicare

Medicare

Click **Edit** to add any dependents to your coverage. (If you are taken directly to the **Add a dependent** page, please disregard this step).

**Your Elections**

**My Health**

Plan	Coverage
<b>Medical</b> <small>View Details</small> <small>▲ Pending Dependent Verification</small>	<a href="#" style="border: 2px solid red; padding: 2px 5px;">Edit</a>
<b>Dental</b> <small>View Details</small> <small>▲ Pending Dependent Verification</small>	<a href="#" style="border: 2px solid red; padding: 2px 5px;">Edit</a>

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

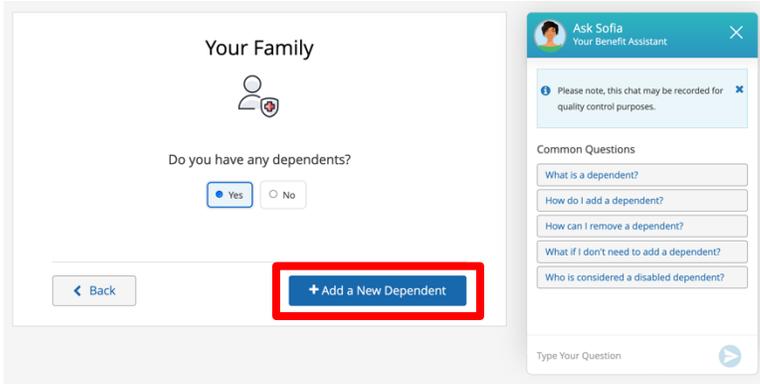
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your Evidence of Insurability (EOI) by the carrier.

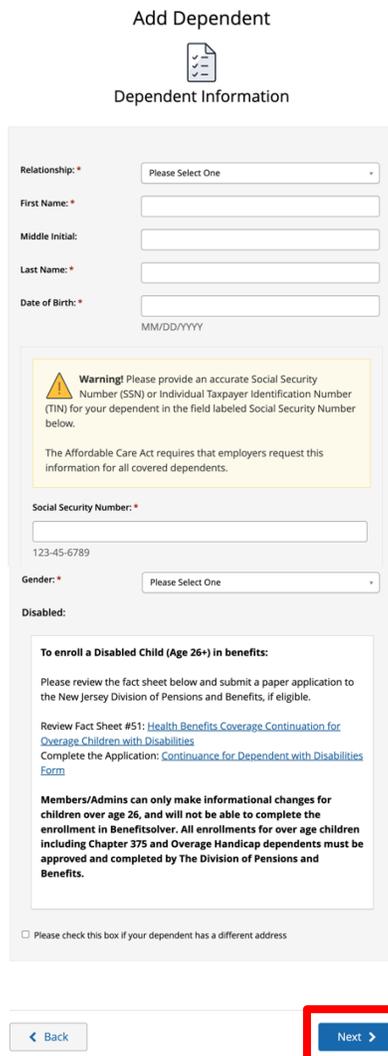
[← Back](#)
[✓ Approve](#)

Click **+ Add a New Dependent** and follow the prompts to add dependents' demographic information.



The screenshot shows the 'Your Family' section of the application. It asks 'Do you have any dependents?' with 'Yes' and 'No' radio buttons. Below this, there is a '< Back' button and a '+ Add a New Dependent' button, which is highlighted with a red box. To the right, there is a chat window for 'Ask Sofia, Your Benefit Assistant' with a list of common questions and a text input field for asking questions.

Enter your dependents' information and click **Next**. (Any question or field with a red asterisk (\*) is required to proceed.)



The screenshot shows the 'Add Dependent' form. It has a title 'Add Dependent' and a sub-header 'Dependent Information'. The form contains several required fields marked with a red asterisk (\*): 'Relationship', 'First Name', 'Middle Initial', 'Last Name', and 'Date of Birth'. There is a warning box about providing accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN). Below that is a 'Social Security Number' field with the example '123-45-6789'. There is also a 'Gender' dropdown menu. A section titled 'To enroll a Disabled Child (Age 26+) in benefits:' provides instructions and links to a fact sheet and application form. At the bottom, there is a checkbox for 'Please check this box if your dependent has a different address'. At the bottom of the form, there is a '< Back' button and a 'Next >' button, which is highlighted with a red box.

Then once completed click **Looks Good**.

**Your Family**



**Review Your Dependents**

Please add/edit your dependent information.

Name	Relationship	Gender	Date of Birth	
John Doe	Spouse	Male	01/05/1963	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[< Back](#) [Looks Good >](#)

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**. Click **Next**.

**Medical**



 When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers, and it's not hard to understand why. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.

Would you like to enroll in Medical coverage?

Yes, See My Options  No, Waive Coverage

[< Back](#) [Next >](#)

Read the note and select **Next**.

### Medical



**A Note From Your Employer**

**What you need to know**  
Our online enrollment will walk you through your options step by step. Remember, Sofia, your online benefits assistant, is right by your side to help you navigate your enrollment and your benefit choices.

**What you need to do**  
When you are ready to make your medical plan selection, click NEXT to move to the next screen.

\*\*\*Please Note: If you are over 65 years old and your new spouse is under 65 years old, you can cover your new spouse by switching to a split plan that is the equivalent of your current Medicare Advantage Plan. If you don't switch to a split plan you will not be able to cover your new spouse. [Retiree Split Medicare Plans](#)

If you have questions please reach out to the Division of Pensions and Benefits at 609-292-7524.

Step 1: Add your dependent  
Step 2: On the medical election page switch to the split plan  
Step 3: Go back to covered dependents and select to cover new spouse  
Step 4: Approve transaction

< Back Next >

Be sure to click the check mark for any dependents you are adding to your coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you might elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

### Medical



**\*\*Please note**, if you are already enrolled in coverage through the SHBP/SEHBP and adding your spouse and/or dependent(s) to coverage, you must click "Next" below **before** adding your spouse and/or dependent(s) to coverage if you or your spouse and/or dependent(s) are enrolled in Medicare and the other is not enrolled in Medicare. You will be able to add your spouse and/or dependent(s) to coverage after you change your plan.

Who would you like to cover with Medical coverage?

adam zzTest (Required)

Joe DIRT - Spouse - 01/14/1969

[Deselect All](#)

[+ Add a New Dependent](#)

< Back Next >

Next, **Select** the plan you wish to enroll in by clicking the blue box. Your choice will be highlighted in green.

Medical



Covered Members Edit

Medicare HMO Direct

Other Plan Rules Apply - [View Details](#)

Selected

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. There will be a system error that occurs later on if you proceed and create a dual enrollment. This can result in a delay while your enrollment is manually corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan in order to proceed.

Once completed, click **Next** at the bottom of the screen.

[← Back](#)

[Next >](#)

**Remember:** If you are in a split structure group, you must select a non-Medicare Advantage plan, in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in a corresponding Medicare plan as applicable).

Return to the **Summary** page, and click **Edit** next to the coverage you would like to enroll in. (If you are taken directly to a page to elect your plan, please disregard this step.)

Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.

Your Elections

Plan	Coverage	
<b>Medical</b> <a href="#">View Details</a> ▲ Pending Dependent Verification	COBRA, CHS/PA, Self	<a href="#">Edit</a>
<b>Dental</b> <a href="#">View Details</a> ▲ Pending Dependent Verification	Coverage Month	<a href="#">Edit</a>

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your Evidence of Insurability (EOI) by the carrier.

[← Back](#) [✓ Approve](#)

Click **I Agree** to complete your changes.

[✕ I Disagree](#)
Total Employee Cost: \$0.00 Monthly
[☑ I Agree](#)

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

Thank You!

☑ Transaction Complete [Benefit Summary PDF](#)

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number: 0---

[← Home](#) [Logout](#)

## Dependents and Required Documentation

You may need to submit documentation to verify your dependent's relationship. Check your **Message Center** for any additional steps to complete your enrollment.

**Review Enrollment**



You're almost done! Please review your enrollment below.  
You must click the **Approve** button before you will be enrolled in any plans.

▶ About You

▼ Dependents - 3 ⚠ Dependent Verification Required

**⚠ Dependent Verification Required**  
One or more of the following dependents must be verified before they will be eligible for full coverage.

Name	Relationship	Gender	Date of Birth	Edit
CHRISTIE, J MARTIN	Spouse	Female	12/21/1968	<a href="#">Edit</a>
Molly Christ Dependent Verification Required	Child	Female	08/12/2008	<a href="#">Edit</a>
CHRISTOPHER MARTIN	Child	Female	01/12/1987	<a href="#">Edit</a>

### To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, 1040 joint tax return is also required. (Tax return must be no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

### To add a child we require:

- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted, being fostered or under a legal guardianship will need to have the court order document uploaded showing that the retiree has been given custody or guardianship of the child.

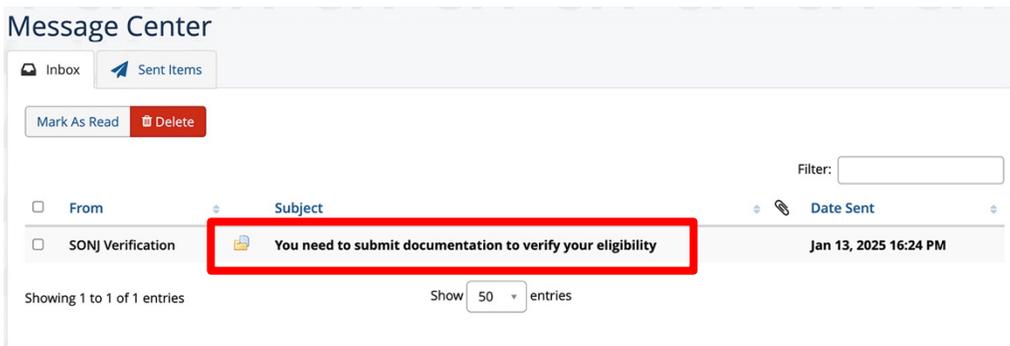
Find helpful information on the **I Want To... Change My Benefits > Dependent Verification**, as well as **I Want To... Learn About Upload Documents** pages of the hub.

## How to Upload Documents

At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Document

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

[Choose File](#) No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

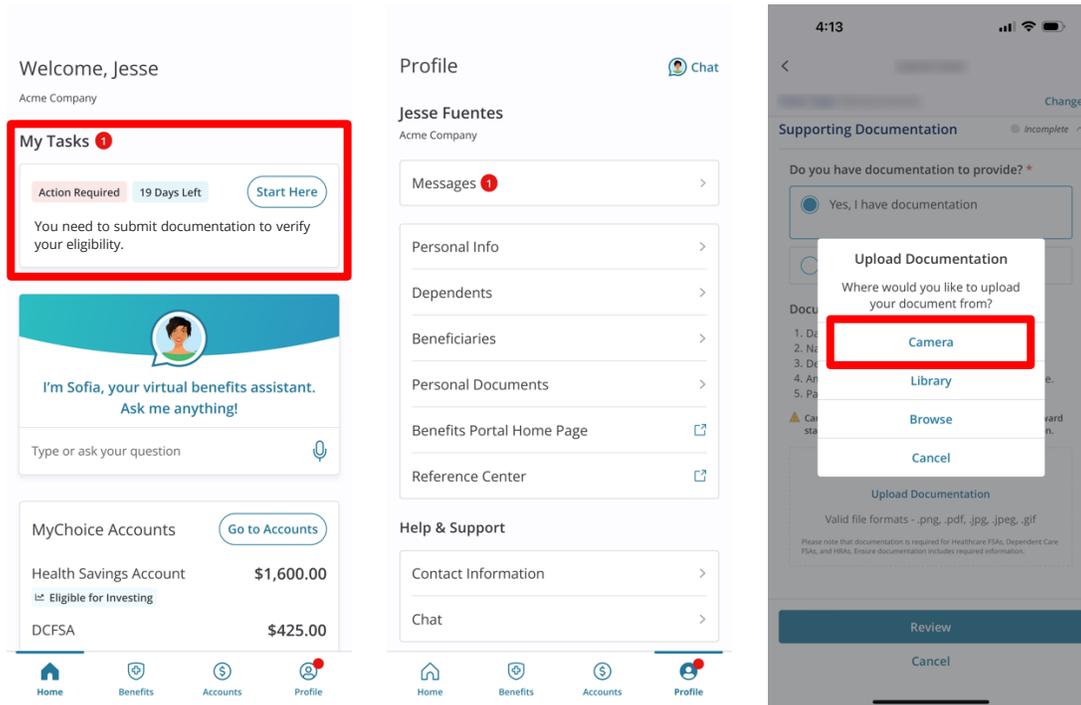
**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

Cancel
Send

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



[Return to top of section](#)

## Retiree Enrollment Process (Medicare)

---

### New Retiree Enrollment - With Medicare

If you are eligible for Medicare Parts A and B either due to age (65 or older), due to a Social Security approved disability, or due to End Stage Renal Disease (ESRD) then you must be enrolled in both Medicare Part A and Part B to be eligible for SHBP/SEHBP retiree health benefits. If you decline enrollment in Medicare Part B or terminate your Part B at a later date you will lose your eligibility in the SHBP/SEHBP and your retiree coverage will be terminated.

If you or your spouse/partner were not automatically enrolled in Medicare Part A you may have to pay for the Medicare Part A premium. Enrollment in both **Medicare Part A and Part B are required**.

If your retiree coverage was terminated due to lack of proof of Medicare enrollment, you can submit a currently dated letter from Social Security providing proof of enrollment in Medicare Parts A and B. Your retiree coverage can then be reinstated prospectively.

If you had applied for Medicare in advance, your proof of Medicare enrollment should be updated automatically in **Benefitsolver**.

If there was any delay in enrolling in Medicare, you may have to update your proof of Medicare enrollment manually in **Benefitsolver**. You would then have to wait 24 hours for your **Benefitsolver** account to be updated before you could log in again to make any changes in **Benefitsolver**.

**Important for all Medicare eligible retirees: To prevent any gap in coverage, please ensure your Medicare Part B effective date coincides with your retired health benefits enrollment effective date.**

### Retiree Split-contract

If either you or your spouse are Medicare eligible, but the other is not, you will be placed in equivalent Medicare or Non-Medicare plans accordingly, also known as “**split-contract**” coverage. Any dependent children will also be placed in the corresponding non-Medicare plan. Split-contract coverage simply means that your enrollment consists of both a Medicare enrolled member and non-Medicare enrolled member(s). Similarly, if you have family tier level coverage and you and/or your dependent spouse/partner are enrolled in Medicare you will have split-contract coverage. Dependent children are always enrolled in non-Medicare plans even if they are enrolled in Medicare due to a disability. (An example of a split-contract would be a member enrolled in the Aetna Medicare Advantage plan and the dependents enrolled in the Horizon HMO plan.)

- If you are in a split-contract, you must select a non-Medicare plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in a corresponding Medicare plan as applicable).

## Medicare proof if you are already enrolled in retiree coverage:

- MBI and Medicare Part A and Medicare Part B effective dates are manually entered, enrollment proof (document) does not get uploaded in **Benefitsolver**.

If you or your spouse are enrolled in Medicare, your Medicare enrollment information may have already been updated in **Benefitsolver**. If not, you will be prompted to manually enter it in **Benefitsolver**.

If you and/or your spouse are enrolled in Medicare and were not auto-enrolled into retired health benefits, or if you were auto-enrolled but want to make any changes to your coverage, you may do so during your new retiree enrollment period.

## Before we walk you through the Benefitsolver enrollment process step-by-step...

Always check the accuracy of your contact information even if you are not making any changes to your coverage. **It is very important to have a valid mailing address in Benefitsolver**. If you have an email address on file, please keep that up to date as well, since the **Benefitsolver** system also sends important enrollment reminders and information about your benefits via email.

Visit the **New Retirees > Eligible for Medicare** page for helpful information to enroll or make changes.

▶ Home ▶ Special Open Enrollment ▶ **New Retirees** ▶ Benefits Information ▶ Wellness/NJWELL ▶ Flu and Other Vaccinations Information

▶ I Want To... ▶ Contacts

Not Eligible for Medicare  
**Eligible for Medicare**

## eligible for Medicare

Welcome adam!

If you are eligible for Medicare Parts A and B either due to age (65 or older), due to a Social Security approved disability, or due to End Stage Renal Disease (ESRD) then you must be enrolled in both Medicare Part A and Part B to be eligible for SHBP/SEHBP retiree health benefits. If you decline enrollment in Medicare Part B or terminate your Part B at a later date you will lose your eligibility in the SHBP/SEHBP and your retiree coverage will be terminated.

If you or your spouse/partner were not automatically enrolled in Medicare Part A you may have to pay for the Medicare Part A premium. Enrollment in both Medicare Part A and Part B are required.

If your retiree coverage was terminated you can later submit a currently dated letter showing your MBI number and effective dates of coverage from Social Security providing proof of enrollment in Medicare Parts A and B. Your retiree coverage can then be reinstated prospectively.

If you had applied for Medicare in advance, your proof of Medicare enrollment should be updated automatically in Benefitsolver.

If there was any delay in enrolling in Medicare you may have to update your proof of Medicare enrollment manually in Benefitsolver. You would then have to wait 24 hours for your Benefitsolver account to be updated before you could log in again to make any changes in Benefitsolver.

**Important for all Medicare-eligible retirees: To prevent any gap in coverage, please ensure your Medicare Part B effective date coincides with your retired health benefits enrollment effective date.**

▶ About Auto-Enroll

### Helpful Resources

- Retiree Quick Reference Guide (PDF)
- Enrolling as a Retiree Fact Sheet (PDF)
- Medicare Retiree Step By Step Enrollment Guide (PDF)

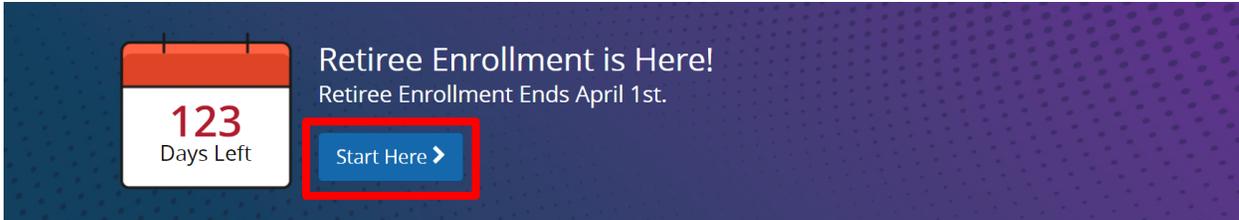
- ▶ Making Plan Changes
- ▶ Terminating or Waiving Coverage

### Dependents and Verification Documents

- ▶ Dependent Verification
- ▶ Required Documentation
- ▶ How do I submit documentation?
- ▶ How long does the verification process take?

**my choice** MyChoice Mobile App  
Access your benefit details, store ID cards, and more! All at your

Start by clicking the **Start Here** button found in the **Retiree Enrollment is Here** banner.



The banner features a calendar icon on the left showing '123 Days Left'. To the right, the text reads 'Retiree Enrollment is Here!' and 'Retiree Enrollment Ends April 1st.'. A blue button with a white arrow and the text 'Start Here >' is highlighted with a red border.

On the following page, click **Start Enrollment**.

Hi, I'm Sofia, your trusted benefits advisor!



Consider me your trusted benefits guide as you make your way through your benefits elections. If at any point you have a question, simply click on the "**Ask Sofia**" link in the upper right hand corner of the page.

As an automated, personal benefits assistant, I'll do my best to answer your questions quickly. However, if I'm unable to assist, I'll get you connected to someone who can.

Let's get started!

---

**Start Enrollment**

## Medicare Question

You will be asked this question first. (Any question or field with a red asterisk are required to proceed.)

Are you enrolled in Medicare? \*

No	▼
Please Select One	
No	
Yes	

The next question should be answered as follows:

- Choose **No Medicare** if NEITHER you nor your spouse are enrolled in Medicare.
- Choose **Split Medicare** if only you OR only your spouse are enrolled in Medicare.
- Choose **Medicare** if BOTH you and your spouse are enrolled in Medicare.

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "**Split Medicare**" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "**Split Medicare**" below. \*

No Medicare	▼
Please Select One	
No Medicare	
Split Medicare	
Medicare	

On the next page, you will manually enter your Medicare MBI (or HICN) number if your Medicare proof has not previously been updated in **Benefitsolver**. You do not upload a copy of your Medicare card or letter from Social Security into **Benefitsolver**.

- Enter your MBI number (or HICN).
- Enter your Medicare Part A effective date.
- And enter your Medicare Part B effective date.

Click **Next**.

### Medical



#### Medical - Medicare Coverage

 Please provide Medicare enrollment information.

**Medicare Information**

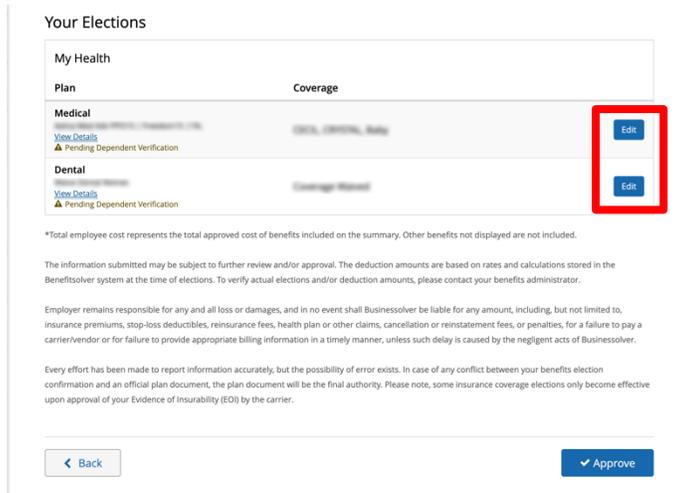
Medicare HICN/MBI: \*

**Please Note:** The Medicare Effective Dates must be on the **first of the month** and cannot be more than 90 days in the future. If your effective date is more than 90 days in the future, please return here once within the window.

Medicare Part A Eff Date: \*    
MM/DD/YYYY

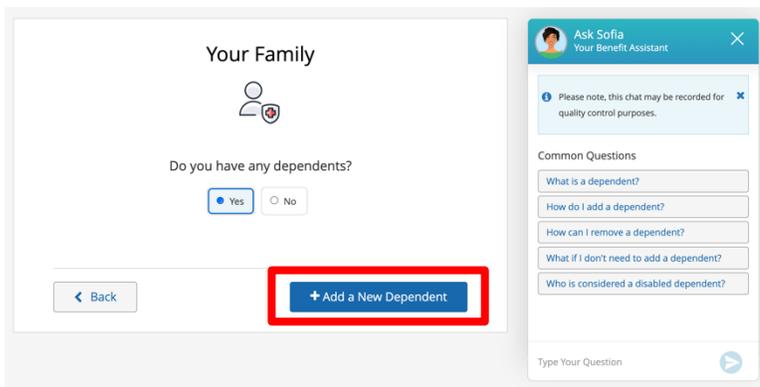
Medicare Part B Eff Date: \*    
MM/DD/YYYY

Click **Edit** to add any dependents to your coverage. (If you are taken directly to the **Add a Dependent** page, please disregard this step.)



The screenshot shows the 'Your Elections' page. At the top, it says 'My Health'. Below that is a table with columns 'Plan' and 'Coverage'. There are two rows: 'Medical' and 'Dental'. Each row has a 'View Details' link and a 'Pending Dependent Verification' warning. To the right of each row is a blue 'Edit' button, which is highlighted with a red box. At the bottom of the page, there are 'Back' and 'Approve' buttons.

Click **+ Add a New Dependent** and follow the prompts to add dependents' demographic information.



The screenshot shows the 'Your Family' page. It asks 'Do you have any dependents?' with 'Yes' and 'No' radio buttons. Below that is a blue button with a plus sign and the text '+ Add a New Dependent', which is highlighted with a red box. To the right is a chat window for 'Ask Sofia, Your Benefit Assistant'. The chat window contains a disclaimer, a list of common questions, and a text input field for asking questions.

Enter your dependents' information and click **Next**. (Any question or field with a red asterisk (\*) is **required** to proceed.)

Add Dependent



Dependent Information

Relationship: \*

First Name: \*

Middle Initial:

Last Name: \*

Date of Birth: \*

**Warning!** Please provide an accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN) for your dependent in the field labeled Social Security Number below.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number: \*

Gender: \*

Disabled:

**To enroll a Disabled Child (Age 26+) in benefits:**

Please review the fact sheet below and submit a paper application to the New Jersey Division of Pensions and Benefits, if eligible.

Review Fact Sheet #51: [Health Benefits Coverage Continuation for Overage Children with Disabilities](#)  
Complete the Application: [Continuance for Dependent with Disabilities Form](#)

Members/Admins can only make informational changes for children over age 26, and will not be able to complete the enrollment in Benefitsolver. All enrollments for over age children including Chapter 375 and Overage Handicap dependents must be approved and completed by The Division of Pensions and Benefits.

Please check this box if your dependent has a different address

[< Back](#)

[Next >](#)

Then once completed click **Looks Good**.

### Your Family



#### Review Your Dependents

Please add/edit your dependent information.

Name	Relationship	Gender	Date of Birth	
John Doe	Spouse	Male	01/05/1963	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[< Back](#) [Looks Good >](#)

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

### Medical



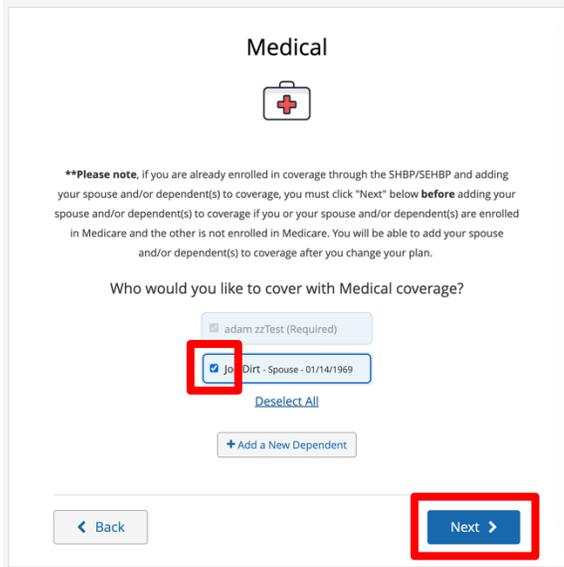
When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers, and it's not hard to understand why. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.

Would you like to enroll in Medical coverage?

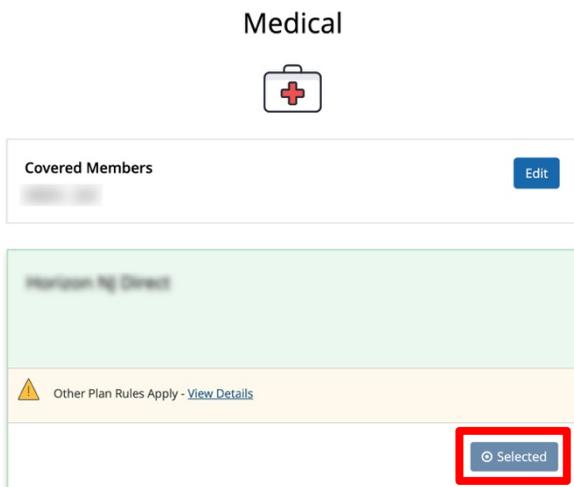
Yes, See My Options  No, Waive Coverage

[< Back](#) [Next >](#)

Be sure to click the check mark for any dependents you are adding to your coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you might elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.



Next, **Select** the plan you wish to enroll in by clicking the blue box. Your choice will be highlighted in green.



Once the plan is selected, a question will appear below the plan.

**Please note:** If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents, even if you yourself are enrolled in Medicare. (You or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is being corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.

Once completed, click **Next** at the bottom of the screen.



Return to the **Review Enrollment** page, and click **Edit** next to the coverage you would like to enroll in. (If you are taken directly to a page to elect your plan, please disregard this step.)

Be sure to click **Approve** at the bottom of the **Review Enrollment** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.

Your Elections

Plan	Coverage	
<b>Medical</b> <a href="#">View Details</a> ▲ Pending Dependent Verification	COBRA, COBRA, 401(k)	
<b>Dental</b> <a href="#">View Details</a> ▲ Pending Dependent Verification	Coverage Details	

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your Evidence of Insurability (EOI) by the carrier.

Click **I Agree** to complete your changes.

### Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year.  
By selecting "I Disagree" your changes will not be submitted.

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

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You will know your transaction has been submitted successfully when you receive the **Transaction Complete** screen. However, you may still need to upload documents to verify eligibility for your dependents.

Click the **Benefit Summary** button to save or print a copy for your records.

### Thank You!

✔ Transaction Complete

Confirmation Number

0---

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

## Dependents and Required Documentation

You will need to submit documentation to verify your dependent's relationship. Check your **Message Center** for any additional steps to complete your enrollment.

**Review Enrollment**



You're almost done! Please review your enrollment below.  
You must click the **Approve** button before you will be enrolled in any plans.

▶ About You

▼ Dependents - 3 ⚠️ Dependent Verification Required

**⚠️ Dependent Verification Required**  
One or more of the following dependents must be verified before they will be eligible for full coverage.

Dependents				
Name	Relationship	Gender	Date of Birth	Edit
XXXXXXXXXX	Spouse	Female	12/12/1980	<a href="#">Edit</a>
Baby Child (Dependent Verification Required)	Child	Female	08/12/2020	<a href="#">Edit</a>
XXXXXXXXXX	Child	Female	01/12/1985	<a href="#">Edit</a>

### To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, 1040 joint tax return is also required. (Tax return must be no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

### To add a child we require:

- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted, being fostered or under a legal guardianship will need to have the court order document uploaded showing that the retiree has been given custody or guardianship of the child.

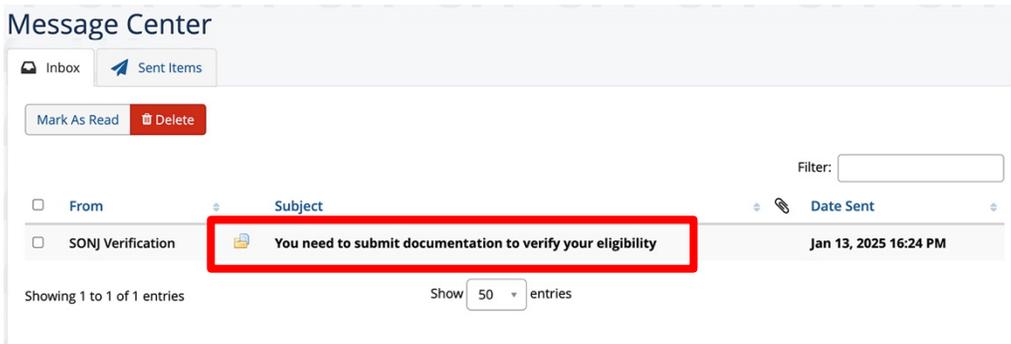
Find helpful information on the **I Want To... Change My Benefits > Dependent Verification**, as well as **I Want To... Learn About Upload Documents** pages of the hub.

## How to Upload Documents

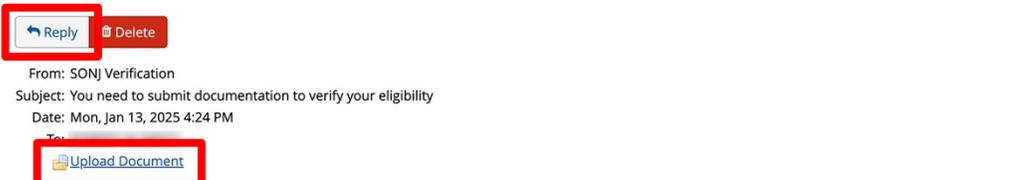
At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

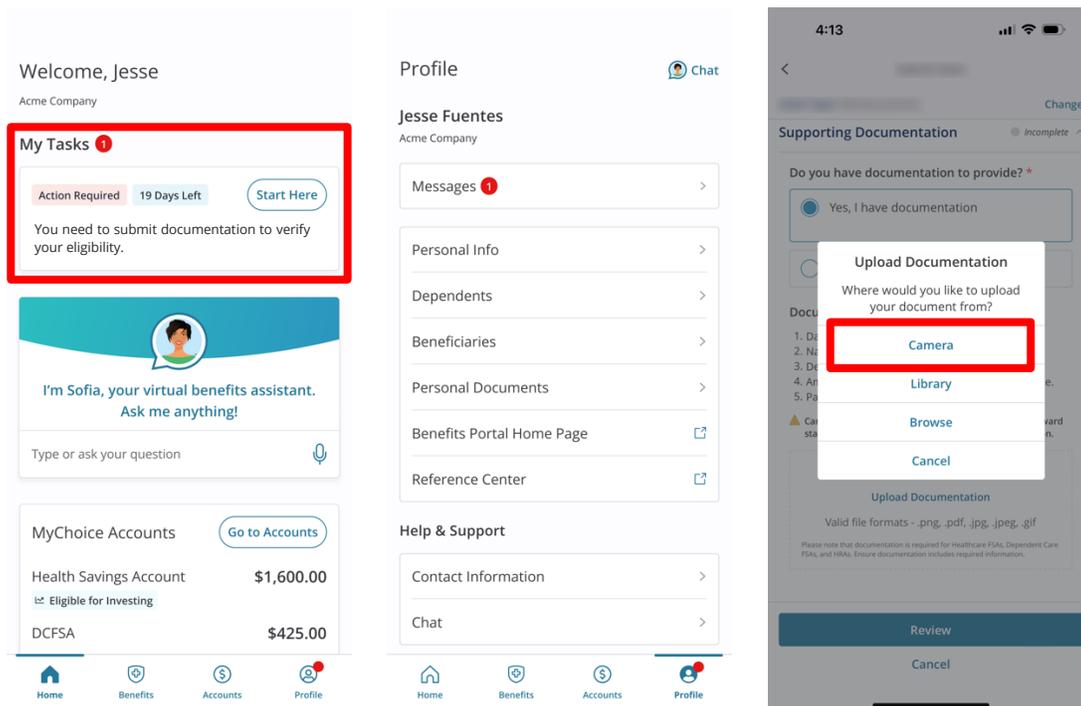
**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

Cancel Send

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



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# Waiving and Terminating

[Waive Coverage as a New Retiree](#)

[Waive Rx Only](#)

[Waive Existing Medical and Dental](#)

[Drop Dependent Due to Death](#)

[Drop Spouse Due to Divorce](#)

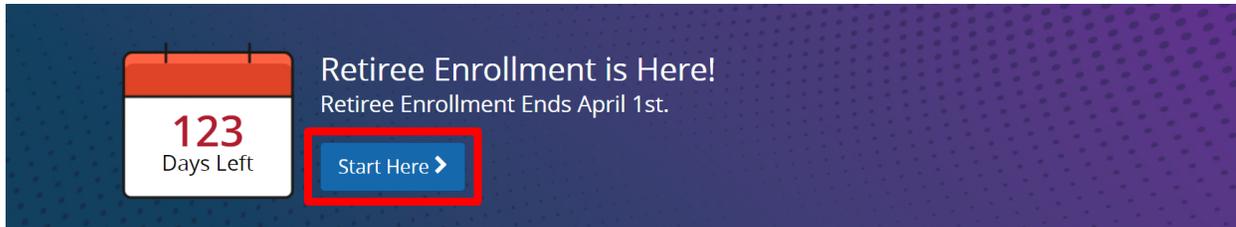
[Terminating Your Dependents \(Drop on Demand\)](#)

[Return to contents](#)

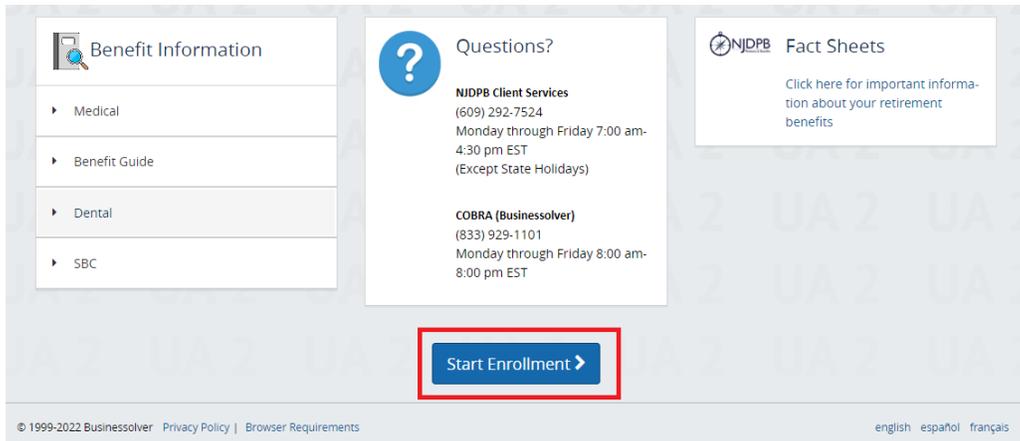
## Waive Coverage as a New Retiree

### (Effective Your Enrollment Date):

First follow the same steps listed earlier in the guide to log in. Then, click the banner at the top of the screen.



On the following page, click **Start Enrollment**.



Then, if necessary, on the **Summary** page, click **Edit** next to **Medical**.



Otherwise, you must follow through each of the steps and will be taken to the Medical enrollment page. Once you reach the Medical page, select **No, Waive Coverage**.



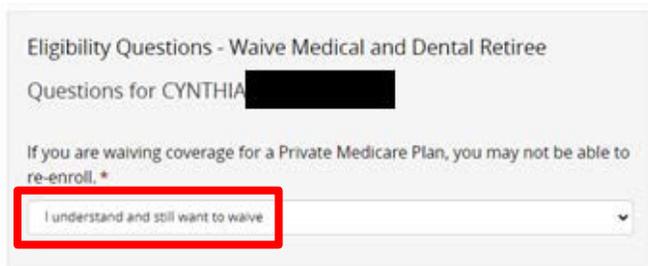
The screenshot shows the 'Medical' enrollment page. At the top, there is a title 'Medical' and a first aid kit icon. Below this is a light blue informational box with a person icon and text explaining the importance of medical insurance. The main question is 'Would you like to enroll in Medical coverage?'. There are two radio button options: 'Yes, See My Options' and 'No, Waive Coverage'. The 'No, Waive Coverage' option is selected and highlighted with a red box.

Next, you will be prompted to choose if you would like to also waive Dental coverage, if applicable.



The screenshot shows two selection options for waiving coverage. The first option is 'Waive Medical and Dental Retiree', which includes a warning icon and text: 'If this plan is selected, you may be eligible to enroll in Dental - Waive Dental Retiree'. A 'Select' button is highlighted with a red box. The second option is 'Waive Medical and Enroll in Dental Retiree', which includes a warning icon and text: 'Other Plan Rules Apply - View Details'. A 'Select' button is also highlighted with a red box.

Once you have made a selection, you will be prompted to indicate that you acknowledge that you may not be able to enroll at a future date:



The screenshot shows the 'Eligibility Questions - Waive Medical and Dental Retiree' screen for a user named CYNTHIA. It contains a warning message: 'If you are waiving coverage for a Private Medicare Plan, you may not be able to re-enroll.' Below this is a dropdown menu with the option 'I understand and still want to waive' selected and highlighted with a red box.

Then, scroll to the bottom and click, **Next**.



On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment

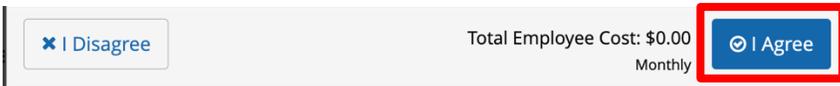


You're almost done! Please review your enrollment below.

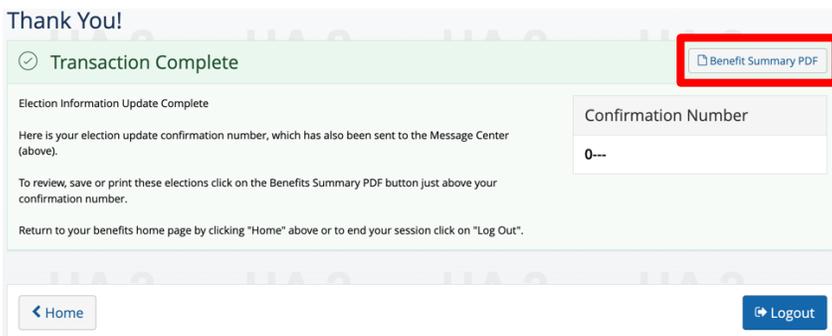
You must click the **Approve** button before you will be enrolled in any plans.



Click **I Agree** to complete your changes.



You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.



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# Waive Rx Only

## (Must Submit Proof of Enrollment in Another Medicare Part D Plan):

- If you are enrolled in a private Medicare Part D plan, you must change coverage to a Supplemental plan (i.e. DIRECT1525, DIRECT2030) to remain on State health benefits and still be enrolled in the private individual Medicare Part D plan.
- If you are enrolled in a SHBP/SEHBP Aetna Medicare Advantage plan and you enroll in a private individual Medicare Part D plan, you will automatically be disenrolled from the SHBP/SEHBP Medicare Advantage plan and the SHBP/SEHBP Medicare Part D plan.
- If you become enrolled in another employer-based Medicare D plan, you will be able to stay in SHBP/SEHBP Aetna Medicare Advantage plan, but will be disenrolled from SHBP/SEHBP Medicare D Rx plan.
- **Please note:** This may need to be manually processed by NJDPB staff. If so, please contact the NJDPB Office of Client Services.

Learn more about waiving prescription drug coverage on the **I Want To... Change My Benefits > Waive Coverage.**

▶ Home ▶ Dental Special Er

▶ I Want To... ▶ Contacts

Change My Benefits

Adding a Child

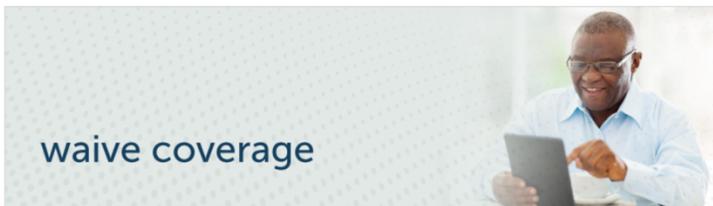
Change Plans

Drop Coverage

Waive Coverage

▶ Home ▶ Dental Special Enrollment ▶ New Retirees ▶ Benefits Information ▶ Wellness/NJWELL ▶ Flu and Other Vaccinations Information

▶ I Want To... ▶ Contacts ▶ Webinars



I'm Waiving My Existing Medical and Dental Coverage

You can waive medical and dental coverage anytime. Follow the steps below to waive coverage.

NJ SHBP/SEHBP Plan Information

Retiree Quick Reference Guide (PDF)

Enrolling as a Retiree Fact Sheet (PDF)

Review the Benefits Fact Sheets

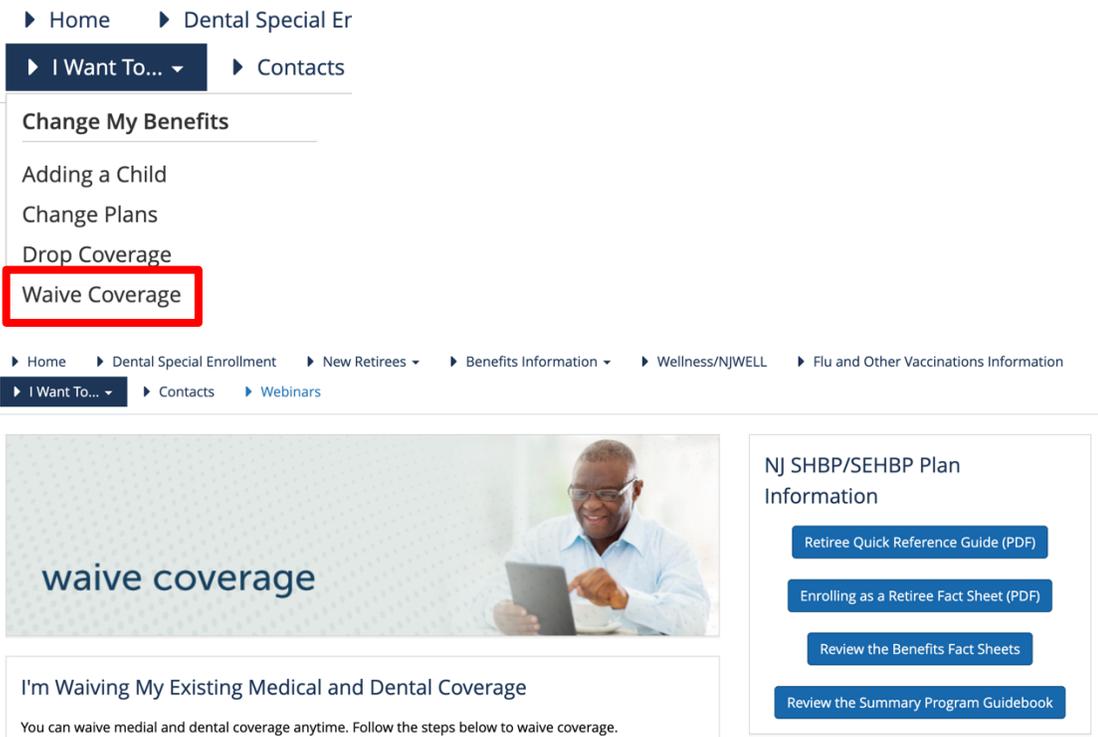
Review the Summary Program Guidebook

[Return to top of section](#)

## Waive Existing Medical and Dental

If you waive retiree coverage, you must upload proof of loss of other coverage from the other group plan in order to re-enroll in SHBP/SEHBP retiree coverage at a later date. You cannot decline SHBP/SEHBP retiree coverage and then re-enroll unless you have a loss of coverage event that occurred within 60 days of your re-enrollment effective date. Your loss of coverage letter must be from an employer group plan.

You can waive coverage at any time by logging into your account and selecting **I Want To... Change My Benefits > Waive Coverage**.



The screenshot shows the website's navigation menu. The 'I Want To...' dropdown menu is open, and 'Waive Coverage' is highlighted with a red box. Below the menu, there is a banner for 'waive coverage' featuring a man looking at a tablet. To the right, there is a section titled 'NJ SHBP/SEHBP Plan Information' with four buttons: 'Retiree Quick Reference Guide (PDF)', 'Enrolling as a Retiree Fact Sheet (PDF)', 'Review the Benefits Fact Sheets', and 'Review the Summary Program Guidebook'. Below the banner, there is a heading 'I'm Waiving My Existing Medical and Dental Coverage' and a sub-heading 'You can waive medial and dental coverage anytime. Follow the steps below to waive coverage.'

Follow the steps on this page to waive coverage. Click the **Change My Benefits** button.

**1** Step 1: Review

Determine if waiving coverage is right for you. **Important:** You may not be able to enroll in coverage once you have waived coverage.

**Review These Helpful Resources**

[Retiree Quick Reference Guide \(PDF\)](#)

[Enrolling as a Retiree Fact Sheet \(PDF\)](#)

**2** Step 2: Waiving Existing Coverage

When you are ready to waive coverage:

- Click the **Change My Benefits** button below.
- Then choose **Life Event > Drop All Coverage on Demand**.
- Enter today's date and click **Continue**.
- Waive coverage.
  - If you see the **Summary** or **Review Your Election page**: Click **Edit** next to the plan next to **Plan Selected**.
  - On the **Medical** page, select **No, Waive Coverage**.
  - You will be prompted to choose if you would also like to waive **Dental** coverage. **Select** the plans you choose to waive.
  - Once you have made a selection, you will need to answer **I understand and still want to waive**.
- Click the **Next** button at the bottom of the screen.



Change My Benefits

**3** Step 3: Approve

Review and click **Approve** on your **Summary** page.

On the following screen, once again select **Change My Benefits**.

Then choose **Life Event > Drop All Coverage on Demand**.

▼ LIFE EVENT

Examples:  
Marriage/Divorce  
Birth/Death

[Add Child age 26 to 31 Ch 375 Coverage](#)

[Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future](#)

[Add Medicare Information \(Enter today's date\)](#)

[Birth or Adoption](#)

[Death of Dependent](#)

[Dental Plan Change](#)

[Disability Retirement Enrollment BAR](#)

[Divorce](#)

[Drop All Coverage on Demand-Please Enter Today's Date](#)

[Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date](#)

Enter today's date and click **Continue**.

Drop All Coverage on Demand-Please Enter Today's Date X

What date are resulting changes effective? \*

01/16/2025   
(MM/DD/YYYY)

Based on the date entered

- Any add or change in coverage will be effective on: **03/01/2025**
- Any coverage dropped or no longer continued will be terminated on: **02/28/2025**

▶ Show Plan Exceptions

Cancel

Continue

When you get to the **Review Your Election** or **Summary** page, click **Edit** next to **Plan Selected**.

Plan Selected	
Plan Selected	NJ Educators Health Plan (098)

Once you reach the Medical page, select **No, Waive Coverage**.

Medical



When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers, and it's not hard to understand why. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.

Would you like to enroll in Medical coverage?

Yes, See My Options  No, Waive Coverage

Then, you will be prompted to choose if you would like to also waive Dental, if applicable.

Once you've made a selection, you will be prompted to indicate that you accept that you may not be able to enroll at a future date.



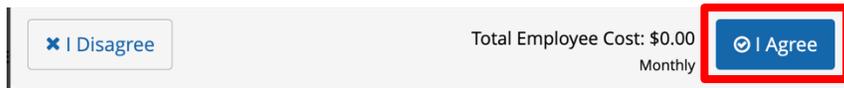
Then, scroll to the bottom and click, **Next**.



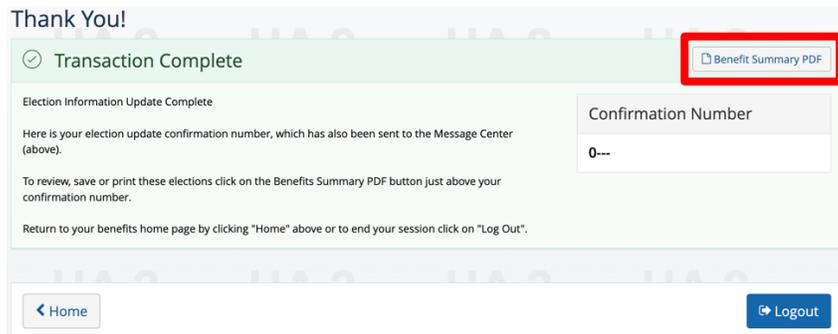
Then, review your changes on the **Review Enrollment** page and click **Approve**.



Click **I Agree** to complete your changes.



You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

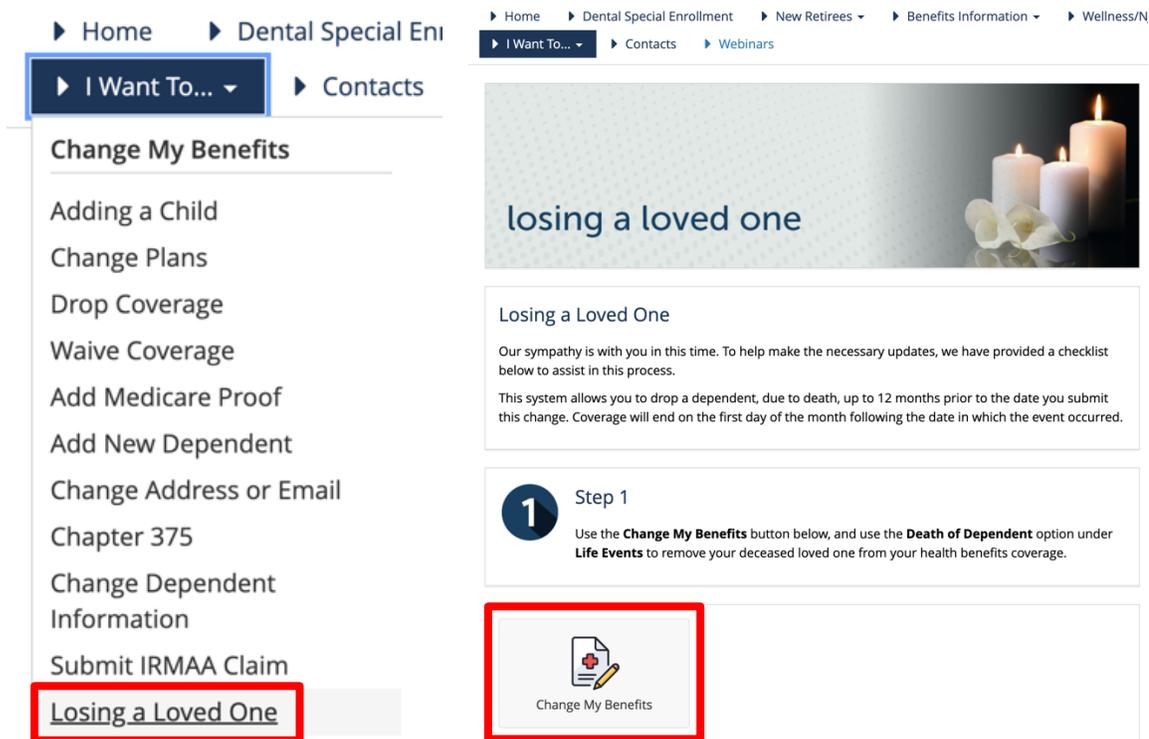


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## Drop Dependent Due to Death (Can Go Back Up to 12 Months)

In the unfortunate event of a dependent's death, you can find helpful information on the **I Want To... Change My Benefits > Losing a Loved One** page.

Follow the steps on this page, click the **Change My Benefits** button.



The screenshot shows the website's navigation menu on the left and the main content area on the right. The navigation menu includes: Home, Dental Special Enrollment, I Want To... (highlighted), and Contacts. Under 'I Want To...', the following options are listed: Change My Benefits, Adding a Child, Change Plans, Drop Coverage, Waive Coverage, Add Medicare Proof, Add New Dependent, Change Address or Email, Chapter 375, Change Dependent Information, Submit IRMAA Claim, and **Losing a Loved One** (highlighted with a red box).

The main content area has a breadcrumb trail: Home > Dental Special Enrollment > New Retirees > Benefits Information > Wellness/N > I Want To... > Contacts > Webinars. Below the breadcrumb is a banner image with the text 'losing a loved one' and a picture of lit candles. The main heading is 'Losing a Loved One'. The text below reads: 'Our sympathy is with you in this time. To help make the necessary updates, we have provided a checklist below to assist in this process. This system allows you to drop a dependent, due to death, up to 12 months prior to the date you submit this change. Coverage will end on the first day of the month following the date in which the event occurred.'

Step 1: Use the **Change My Benefits** button below, and use the **Death of Dependent** option under **Life Events** to remove your deceased loved one from your health benefits coverage.

At the bottom, there is a button with a document icon and a pencil, labeled 'Change My Benefits', which is highlighted with a red box.

You will use the **Life Event > Death of Dependent** action. The system will allow a retroactive termination of coverage up to 12 months prior to the date submitted.

<b>▼ LIFE EVENT</b> Examples: Marriage/Divorce Birth/Death
<a href="#">Add Child age 26 to 31 Ch 375 Coverage</a>
<a href="#">Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future</a>
<a href="#">Add Medicare Information (Enter today's date)</a>
<a href="#">Birth or Adoption</a>
<b>Death of Dependent</b>
<a href="#">Dental Plan Change</a>
<a href="#">Disability Retirement Enrollment BAR</a>

On the following page, check the box next to the dependent who has passed away and enter their date of death. Click **Next**.

### Death of Dependent



Please select deceased dependent

YNTHIA SMITH

Date of Death \*

01/15/2025 

(MM/DD/YYYY)

**Based on the date entered**

- Any add or change in coverage will be effective on: **02/01/2025**
- Any coverage dropped or no longer continued will be terminated on: **01/31/2025**

[← Back](#) [Next >](#)

On the following page, you will indicate if you would like to make any further changes to your account. You will follow the prompts to make any further changes and click **Approve** to complete the transaction.

### Review Enrollment



You're almost done! Please review your enrollment below.

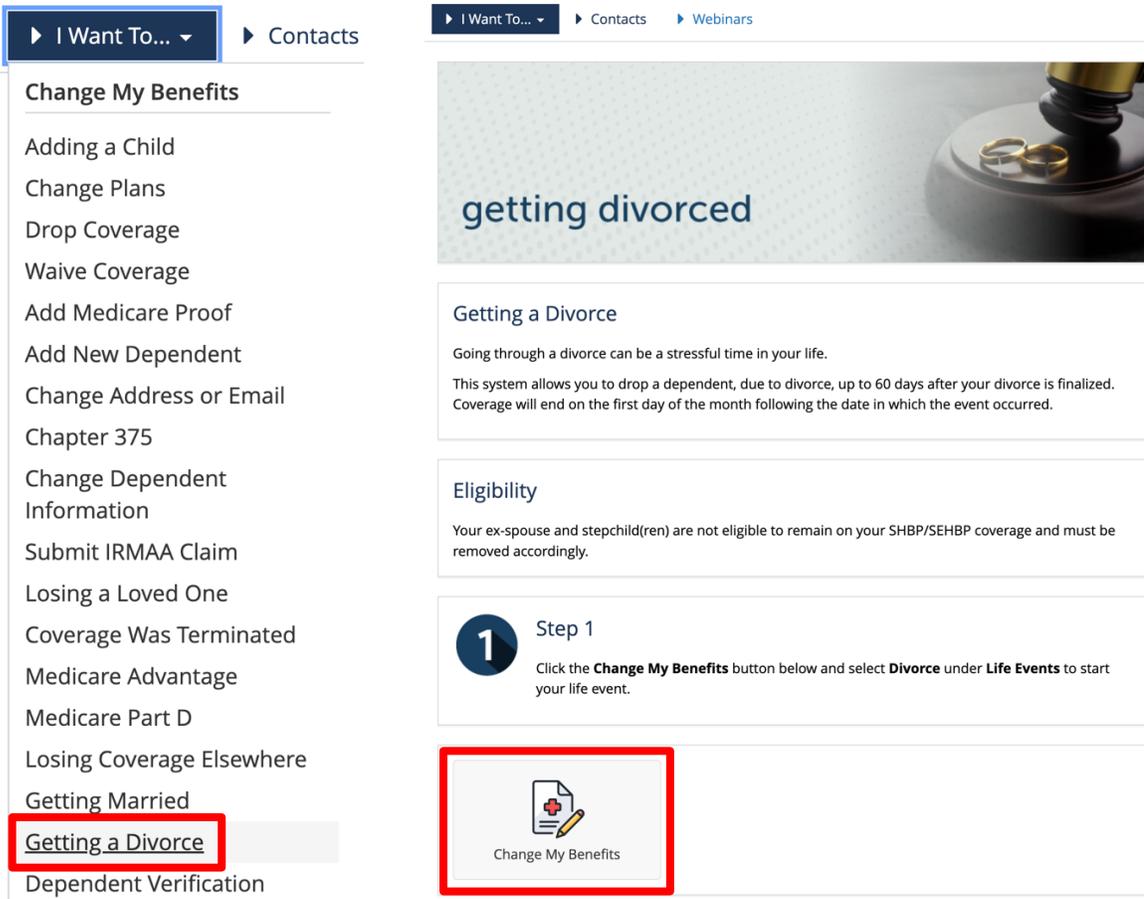
You must click the **Approve** button before you will be enrolled in any plans.

[✔ Approve](#)

## Drop Spouse Due to Divorce

To drop a dependent spouse due to a divorce, visit the **I Want To... Change My Benefits > Getting a Divorce** page.

Follow the steps on this page, and click the **Change My Benefits** button.



► I Want To... ▼    ► Contacts

Change My Benefits

- Adding a Child
- Change Plans
- Drop Coverage
- Waive Coverage
- Add Medicare Proof
- Add New Dependent
- Change Address or Email
- Chapter 375
- Change Dependent Information
- Submit IRMAA Claim
- Losing a Loved One
- Coverage Was Terminated
- Medicare Advantage
- Medicare Part D
- Losing Coverage Elsewhere
- Getting Married
- Getting a Divorce**
- Dependent Verification

► I Want To... ▼    ► Contacts    ► Webinars

### getting divorced

#### Getting a Divorce

Going through a divorce can be a stressful time in your life. This system allows you to drop a dependent, due to divorce, up to 60 days after your divorce is finalized. Coverage will end on the first day of the month following the date in which the event occurred.

#### Eligibility

Your ex-spouse and stepchild(ren) are not eligible to remain on your SHBP/SEHBP coverage and must be removed accordingly.

#### 1 Step 1

Click the **Change My Benefits** button below and select **Divorce** under **Life Events** to start your life event.

 Change My Benefits

Choose the **Life Event > Divorce** and enter the date of the divorce. The system will allow a retroactive termination of coverage up to 12 months prior to the date submitted.

<p>▼ <b>LIFE EVENT</b></p> <p>Examples: Marriage/Divorce Birth/Death</p>
<a href="#">Add Child age 26 to 31 Ch 375 Coverage</a>
<a href="#">Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future</a>
<a href="#">Add Medicare Information (Enter today's date)</a>
<a href="#">Birth or Adoption</a>
<a href="#">Death of Dependent</a>
<a href="#">Dental Plan Change</a>
<a href="#">Disability Retirement Enrollment BAR</a>
<b>Divorce</b>
<a href="#">Drop All Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Gains Coverage Elsewhere</a>

You will also be asked if you would like to make any other changes to your coverage.

**Divorce**

Divorce can be very stressful and your benefits coverage will likely need to change.

Date of Divorce (If longer than 60 days in the past, please exit and process as "Drop Coverage on Demand") \*

01/16/2025

**Based on the date entered**

- Any add or change in coverage will be effective on: **02/01/2025**
- Any coverage dropped or no longer continued will be terminated on: **01/31/2025**

What would you like to do today? (Check All That Apply)

**Drop Ex-spouse from One or More Coverage**

- Medical

**Make Other Changes**

- Basic Info
- Dependent Info
- Elections

[← Back](#)

[Next →](#)

Follow the prompts to remove your dependent(s) from your coverage.

On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.



Click **I Agree** to complete your changes.

<input type="button" value="✕ I Disagree"/>	Total Employee Cost: \$0.00 Monthly	<input type="button" value="☑ I Agree"/>
---	--	--

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

### Thank You!

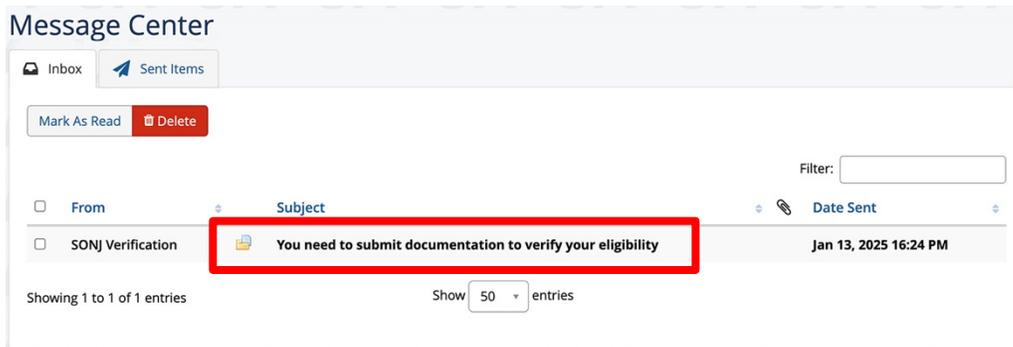
Transaction Complete		<input type="button" value="Benefit Summary PDF"/>
Election Information Update Complete		Confirmation Number
Here is your election update confirmation number, which has also been sent to the Message Center (above).		0---
To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.		
Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".		
<input type="button" value="Home"/>		<input type="button" value="Logout"/>

## How to Upload Documents

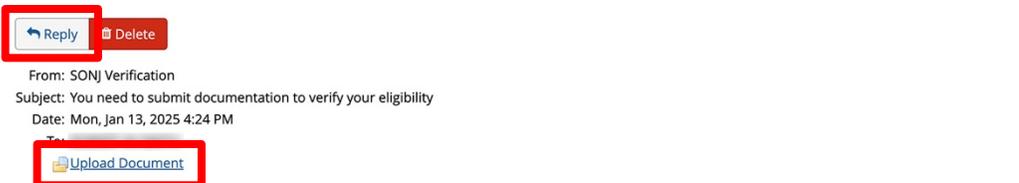
You will need to submit documentation to verify your dependent's relationship. Check your **Message Center** for any additional steps to complete your enrollment.



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: ✕



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

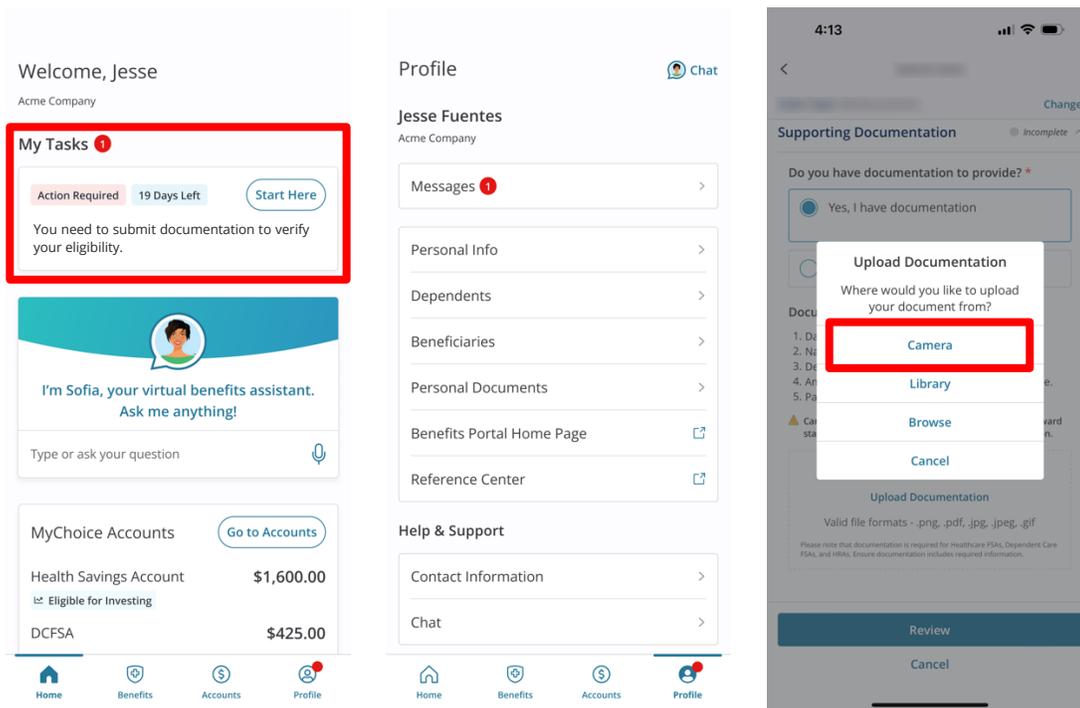
**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

Cancel Send

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

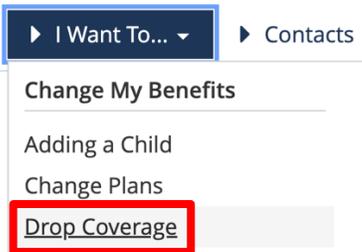
When prompted, take a photo of your required documents and submit them for review.



[Return to top of section](#)

## Terminating Your Dependents (Drop on Demand)

To remove a dependent from your coverage, visit the **I Want To... Change My Benefits > Drop Coverage** page.



Follow the steps on this page and click the **Change My Benefits** button.



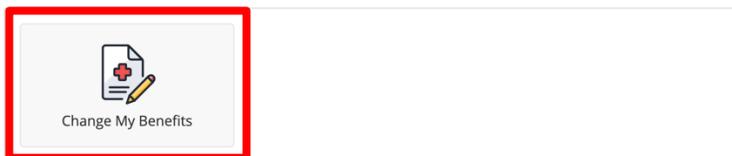
### Terminating Your Dependent(s) Coverage

If you are dropping a dependent's coverage, known as Drop Coverage on Demand, the effective date is aligned with the billing cycle and no verification documents are required. Follow the steps below.

#### 1 Step 1

Click the **Change My Benefits** button below, and choose **Drop Coverage on Demand** under **Life Events** to start your life event.

- Enter today's date and click **Continue**.
- Click **Start Change**.
- Update address information, if needed, and click **Next**.
- On the Medical page, click **Next**.



Then select **Life Event > Drop Coverage on Demand**.

▼ LIFE EVENT  
Examples:  
Marriage/Divorce  
Birth/Death

<a href="#">Add Child age 26 to 31 Ch 375 Coverage</a>
<a href="#">Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future</a>
<a href="#">Add Medicare Information (Enter today's date)</a>
<a href="#">Birth or Adoption</a>
<a href="#">Death of Dependent</a>
<a href="#">Dental Plan Change</a>
<a href="#">Disability Retirement Enrollment BAR</a>
<a href="#">Divorce</a>
<a href="#">Drop All Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date</a>

Then enter today's date.

Drop All Coverage on Demand-Please Enter Today's Date X

What date are resulting changes effective? \*



(MM/DD/YYYY)

**Based on the date entered**

- Any add or change in coverage will be effective on: **03/01/2025**
- Any coverage dropped or no longer continued will be terminated on: **02/28/2025**

▸ Show Plan Exceptions

Cancel

Continue

On the next page, click **Start Change**.

Start Change >

Update address information if needed, then click **Next**.

Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
PO BOX - Enter only the numeric portion of your PO Box, if applicable.:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="NJ"/>
Zip Code: *	<input type="text"/>

On the **Medical** page, review the information and click **Next**.

### Medical



#### Medical - Medicare Coverage

**Medicare information must be entered in order to reinstate coverage for your spouse. If not entered, your spouse will be terminated.**

<input type="button" value="Previous"/>	<input type="button" value="Next"/>
---	-------------------------------------

On the following page, click **Edit** next to **Covered Members**.

Covered Members	<input type="button" value="Edit"/>
Members	Covered
<input type="text" value="REDACTED"/> Effective Date: 12/19/2020	Yes
<input type="text" value="REDACTED"/> Relationship: Spouse Date of Birth: <input type="text" value="REDACTED"/> Effective Date: 12/19/2020	Yes

Next, un-check the dependent you'd like to remove from coverage, then click **Next**.

Who would you like to cover with Medical coverage?

<input checked="" type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]

Select All

On the next page, answer the **Eligibility Question** below the coverage selected, and click **Next**.

Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage. \*

No

If everything looks correct on the following page, click **Looks Good**.

[Redacted] Effective Date: 11/05/2022	Yes
[Redacted] Relationship: Spouse Date of Birth: [Redacted] Effective Date: 07/06/2019 Term Date: 11/04/2022	No

Looks Good >

Review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

✓ Approve

Click **I Agree** to complete your changes.

<input type="button" value="✕ I Disagree"/>	Total Employee Cost: \$0.00 Monthly	<input type="button" value="👍 I Agree"/>
---	--	--

You will receive your **Confirmation Number** when your changes are complete.

Thank You!

✔ Transaction Complete

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number
0---

[Return to top of section](#)

# Plan Changes and Qualifying Life Events

[Plan Change – Medical and Rx](#)

[Plan Change – Dental](#)

[Plan Change – Both Medical and Dental](#)

[Add Medicare Proof of Enrollment for New Spouse](#)

[Add New Dependent - Marriage](#)

[Add New Dependent - Birth](#)

[Enroll With No Loss of Coverage \(60-day Wait\)](#)

[Add Dependents With No Coverage Loss Event \(60-day Wait\)](#)

[Enroll With Coverage Loss Event \(Within 60 Days\)](#)

[Add Dependent With Coverage Loss Event \(Within 60 Days\)](#)

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## Plan Change – Medical and Rx

Retirees can make plan changes at any time as long as you have been enrolled in the plan for at least one full year. The plan change will be effective the first day of the following month.

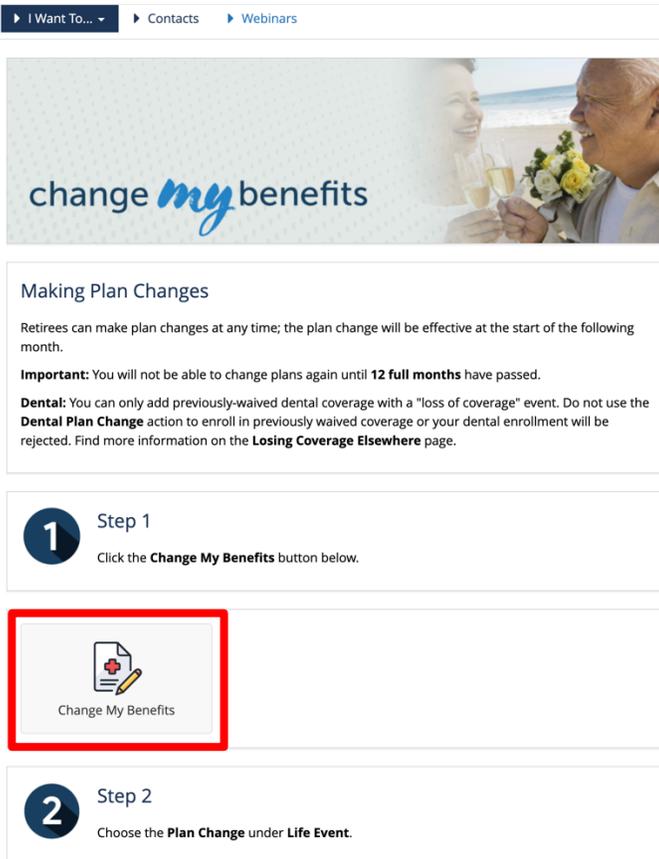
**Important: You will not be able to change plans again until 12 full months have passed.**

### Plan Change - Medical and Rx:

Once you log in, go to the **I Want To... Change My Benefits > Change Plans** page.



On the next page, follow the steps on that page and click the **Change My Benefits** button.



Then, choose **Life Event > Medical Plan Change**.

<b>▼ LIFE EVENT</b> Examples: Marriage/Divorce Birth/Death
<a href="#">Add Child age 26 to 31 Ch 375 Coverage</a>
<a href="#">Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future</a>
<a href="#">Add Medicare Information (Enter today's date)</a>
<a href="#">Birth or Adoption</a>
<a href="#">Death of Dependent</a>
<a href="#">Dental Plan Change</a>
<a href="#">Disability Retirement Enrollment BAR</a>
<a href="#">Divorce</a>
<a href="#">Drop All Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Gains Coverage Elsewhere</a>
<a href="#">Loses Coverage Elsewhere</a>
<a href="#">Marriage</a>
<b>Medical Plan Change</b>
<a href="#">Medicare D Enrollment or Disenrollment</a>

Then enter today's date and click **Continue**.

### Medical Plan Change

What date are resulting changes effective? \*

  
(MM/DD/YYYY)

**Based on the date entered**

- Any add or change in coverage will be effective on: **03/01/2025**
- Any coverage dropped or no longer continued will be terminated on: **02/28/2025**

[Show Plan Exceptions](#)

At the bottom of the next page, click **Start Change**.

At the bottom of the next page, click **Start Enrollment**.

On the next page, update any demographic information and click **Next**.

Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
PO BOX - Enter only the numeric portion of your PO Box, if applicable.:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="NJ"/>
Zip Code: *	<input type="text"/>

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? \*

No

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. \*

No Medicare

Personal Email Address: \*  
test@test.com  
user@mydomain.com

Confirm Personal Email Address: \*  
test@test.com

Home Phone:  
555-555-1234

Work Phone:  
555-555-1234

Next >

Once you reach the **Summary** page, click **Edit** next to Medical plans.

Plan Selected	<input type="button" value="Edit"/>
Plan Selected	Aetna Medicare Advantage PPO 10 (181)

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options  No, Waive Coverage

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONNA [REDACTED] (required)

Effective Date	Term Date
07/01/2022	

Francis [REDACTED] - Spouse [REDACTED]

Effective Date	Term Date
07/01/2022	

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.

Garden State Health Plan (099) 

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

 Other Plan Rules Apply - [View Details](#)

 Plan Details  Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA [REDACTED]

Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage.\*

No

Once completed, click **Next** at the bottom of the screen.

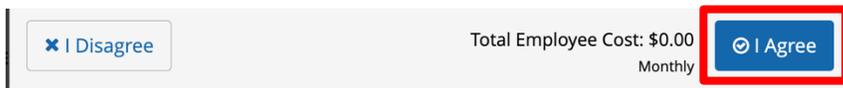


**Note:** If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

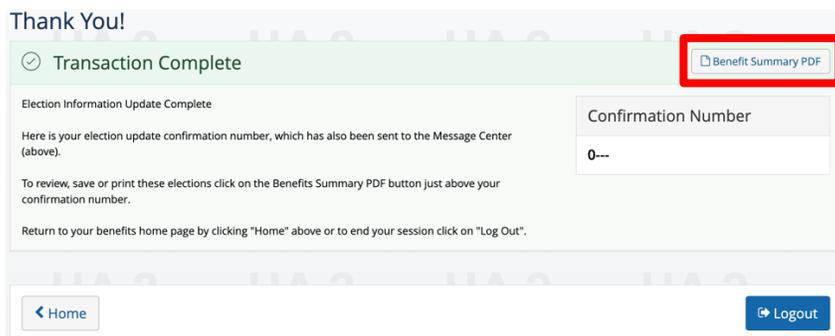
Be sure to click **Approve** at the bottom of the **Review Enrollment** page or your transaction will not be submitted to the NJDPB Health Benefits Bureau for approval.



Click **I Agree** to complete your changes.



You will receive your **Confirmation Number** when your changes are complete. Click the **Benefits Summary** button to print or save a copy for your records.



## Dependents and Required Documentation

You will need to submit documentation to verify your dependent's relationship, if you are adding them to your coverage. Check your **Message Center** for any additional steps to complete your enrollment.

### To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

### To add a child we require:

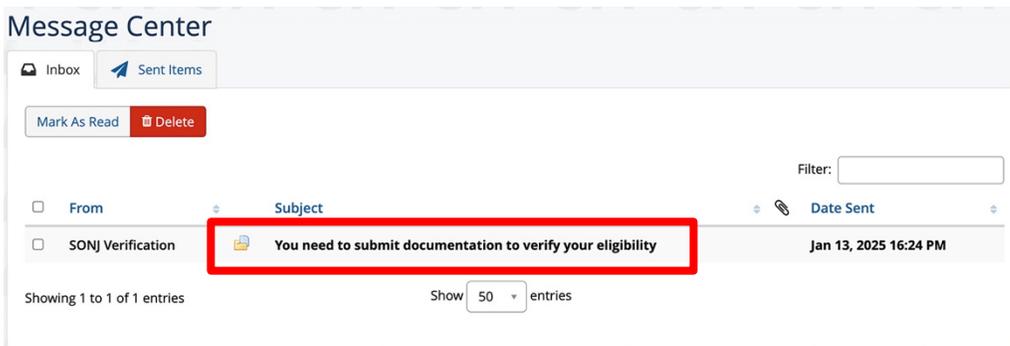
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

## How to Upload Documents

At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

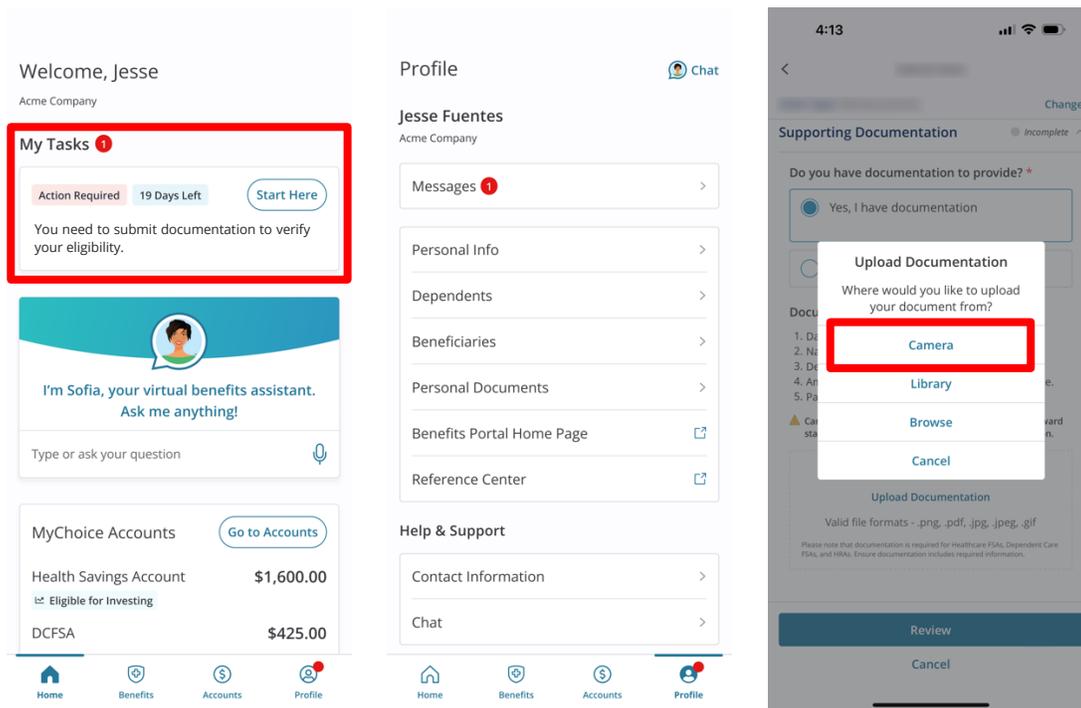
**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

Cancel Send

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



[Return to top of section](#)

## Plan Change – Dental

Retirees can make plan changes at any time; the plan change will be effective at the start of the following month.

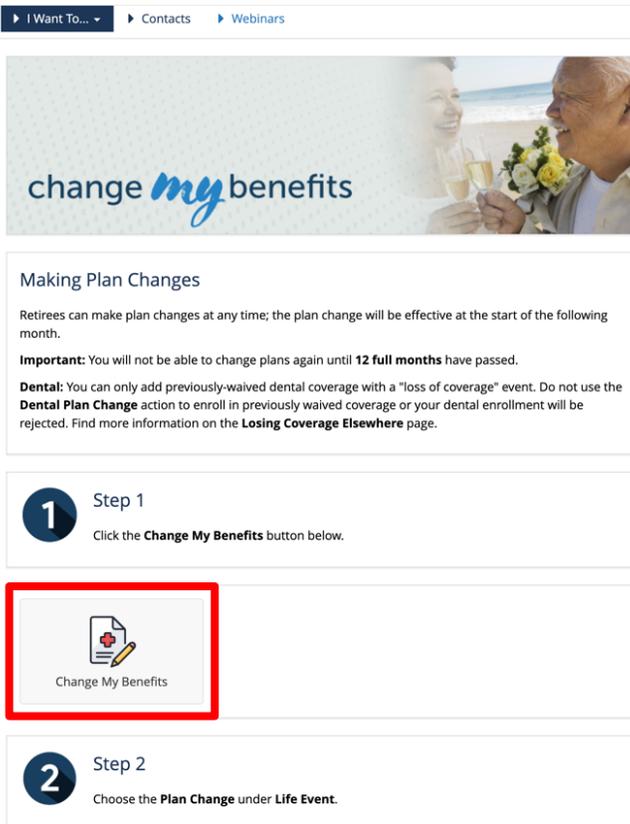
**Important: You will not be able to change plans again until 12 full months have passed.**

**PLEASE NOTE: You can only add previously waived Dental with a loss of coverage event. Do not use the 'Dental Plan Change' action to enroll in previously waived coverage or your Dental enrollment will be rejected.**

Once you log in, go to the **I Want To... Change My Benefits > Change Plans** page.



On the next page, follow the steps on that page and click the **Change My Benefits** button.



Then choose **Life Event > Dental Plan Change**.

<b>▼ LIFE EVENT</b> Examples: Marriage/Divorce Birth/Death
<a href="#">Add Child age 26 to 31 Ch 375 Coverage</a>
<a href="#">Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future</a>
<a href="#">Add Medicare Information (Enter today's date)</a>
<a href="#">Birth or Adoption</a>
<a href="#">Death of Dependent</a>
<b>Dental Plan Change</b>
<a href="#">Disability Retirement Enrollment BAR</a>
<a href="#">Divorce</a>

Enter today's date and click **Continue**.

Dental Plan Change X

What date are resulting changes effective? \*

01/16/2025 

(MM/DD/YYYY)

**Based on the date entered**

- Any add or change in coverage will be effective on: **03/01/2025**
- Any coverage dropped or no longer continued will be terminated on: **02/28/2025**

[Show Plan Exceptions](#)

Cancel **Continue**

Then click **Start Change**.

**Start Change >**

Then click **Start Enrollment**.

**Start Enrollment**

On the next page, update any demographic information and click **Next**.

Address 1: \*

Address 2:

PO BOX - Enter only the numeric portion of your PO Box, if applicable.:

City: \*

State: \*

Zip Code: \*

Then, enter any necessary Medicare information and click **Next**.



### Your Information

Are you enrolled in Medicare? \*

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. \*

Personal Email Address: \*

Confirm Personal Email Address: \*

Home Phone:

Work Phone:

When you reach the **Review Enrollment** page, click **Edit** next to Dental to bring up the plan selection screen.

Plan Selected	<input type="button" value="Edit"/>
Plan Selected	Aetna Dental Expense Plan (398)
Employee Cost	\$80.86 Monthly

Choose a plan, then scroll down and click **Next**.

### Dental



**Covered Members**  
ROBERT [Edit](#)

**Filter Plans by Carrier**

Displaying 4 of 4 plans [Clear Filters](#)

<b>Aetna DMO (319)</b>	<b>aetna</b>
<b>Monthly Cost</b> \$20.50 Employee Only	
<a href="#">Plan Details</a>	<a href="#">Select</a>

Then, answer the question indicating if you were previously enrolled in a group Dental plan, and click **Next**.

### Dental



#### Additional Information

Were you enrolled in a Group Dental plan for the past 12 months?

Yes

On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment

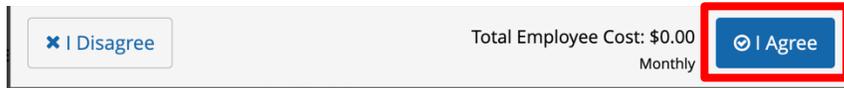


You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

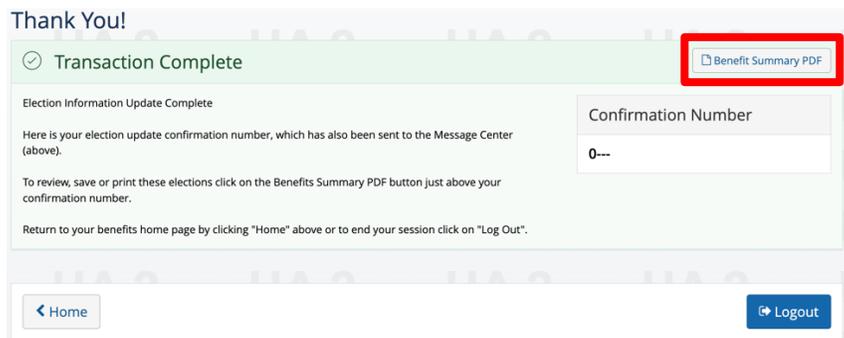
✓ Approve

Click **I Agree** to complete your changes.



A screenshot of a user interface showing a confirmation step. On the left is a button labeled 'I Disagree' with a red 'x' icon. In the center, the text reads 'Total Employee Cost: \$0.00 Monthly'. On the right is a blue button labeled 'I Agree' with a white checkmark icon, which is highlighted with a red rectangular box.

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefits Summary** button to print or save a copy for your records.



A screenshot of a 'Thank You!' confirmation page. At the top left, it says 'Transaction Complete' with a green checkmark icon. To the right of this is a button labeled 'Benefit Summary PDF' with a document icon, highlighted with a red rectangular box. Below this, the text reads 'Election Information Update Complete' and 'Here is your election update confirmation number, which has also been sent to the Message Center (above)'. A 'Confirmation Number' field is shown with the value '0---'. At the bottom left is a 'Home' button with a left arrow, and at the bottom right is a 'Logout' button with a right arrow.

## Dependents and Required Documentation

You will need to submit documentation to verify your dependent's relationship. Check your **Message Center** for any additional steps to complete your enrollment.

### To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

### To add a child we require:

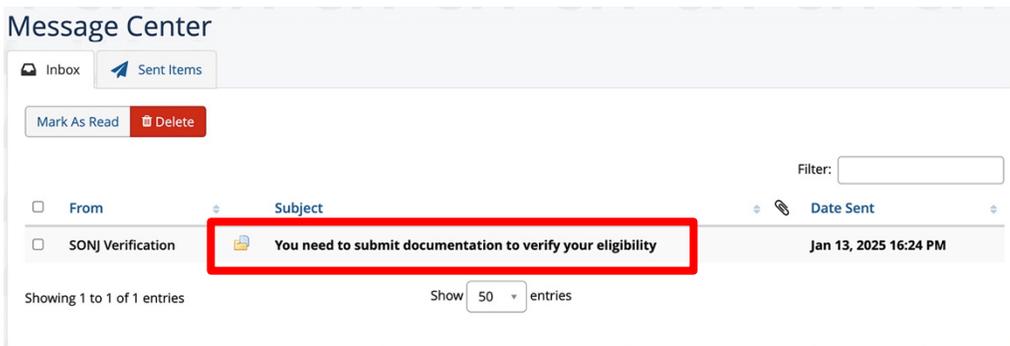
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

## How to Upload Documents

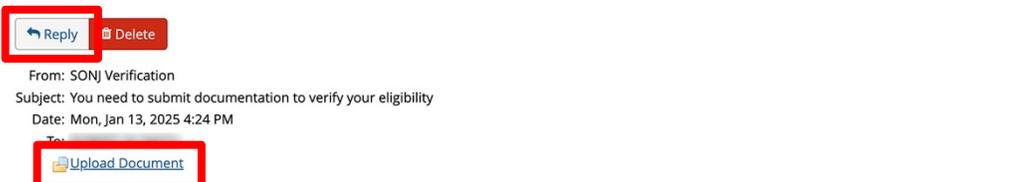
At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑️



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

[Choose File](#) No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

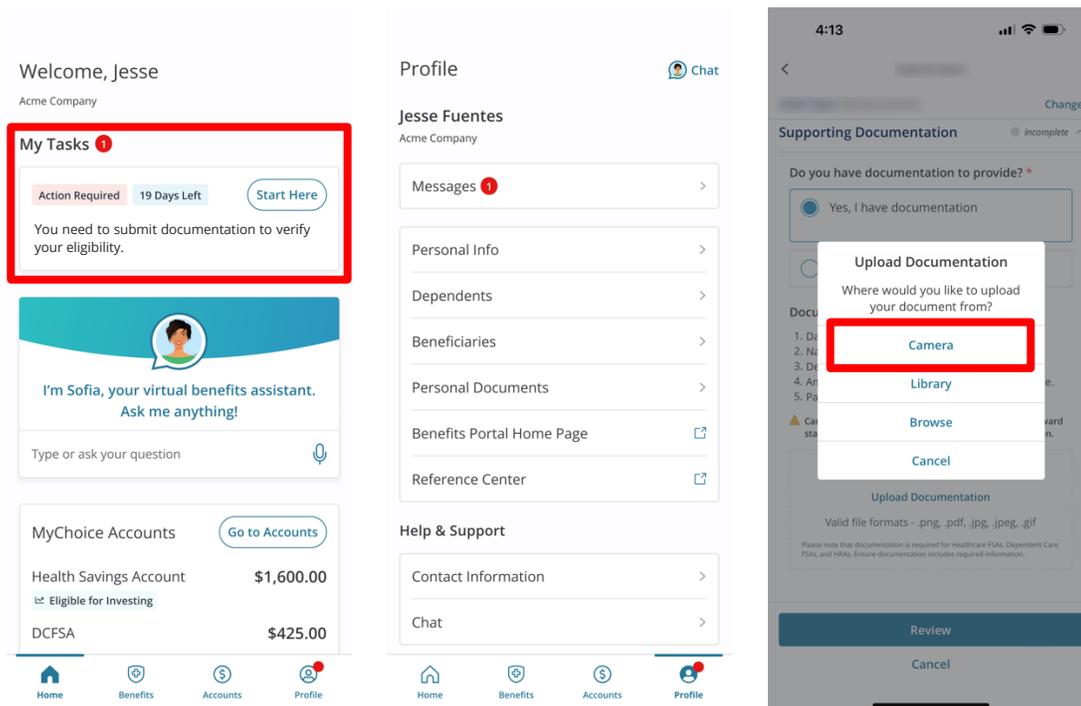
**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

Cancel
Send

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



[Return to top of section](#)

## Plan Change – Both Medical and Dental

---

### Plan Change - Both Medical and Dental:

Currently, you are not able to change Medical and Dental at the same time. In order to change Medical and Dental at the same time, you must submit both a Medical Plan Change and a Dental Plan Change. (Two steps are required in **Benefitsolver**.)

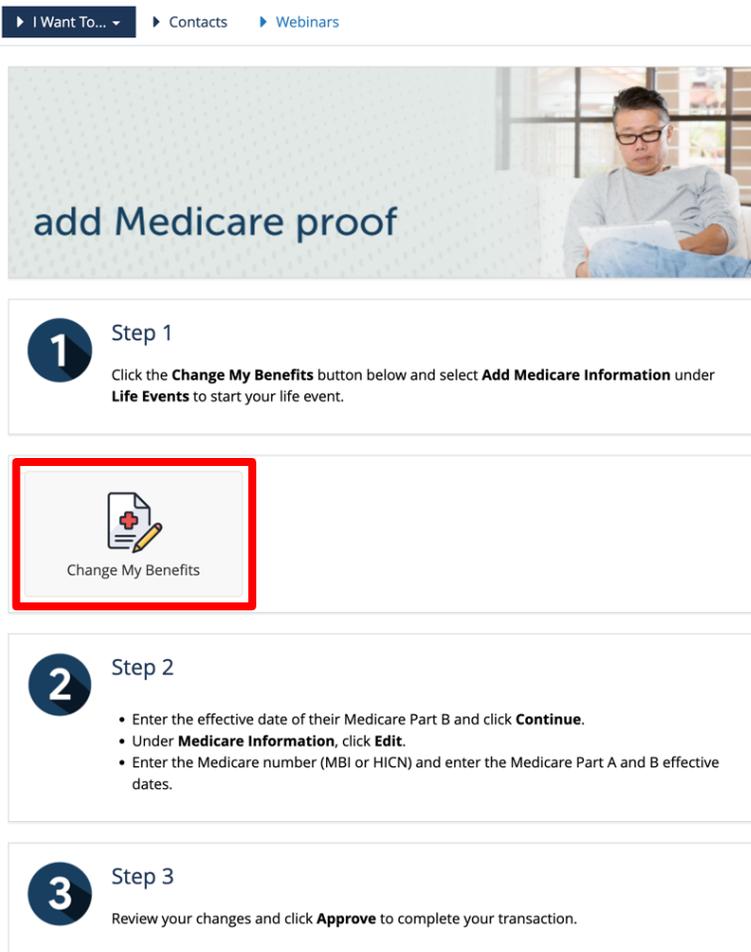
[Return to top of section](#)

## Add Medicare Proof of Enrollment

Go to the **I Want To... Change My Benefits > Add Medicare Proof** page and following the steps on that page to provide Medicare proof for you and/or your spouse.



Click the **Change My Benefits** button.



A screenshot of the 'add Medicare proof' page. At the top, there is a navigation bar with 'I Want To...', 'Contacts', and 'Webinars'. Below this is a banner image of a man reading a document with the text 'add Medicare proof'. The page contains three numbered steps:

- Step 1**  
Click the **Change My Benefits** button below and select **Add Medicare Information** under **Life Events** to start your life event.
- Step 2**
  - Enter the effective date of their Medicare Part B and click **Continue**.
  - Under **Medicare Information**, click **Edit**.
  - Enter the Medicare number (MBI or HICN) and enter the Medicare Part A and B effective dates.
- Step 3**  
Review your changes and click **Approve** to complete your transaction.

Below the steps is a button labeled 'Change My Benefits' with a document and pencil icon, which is highlighted with a red rectangular border.

To add Medicare information, use the **Life Event > Add Medicare Information**.

▼ LIFE EVENT

Examples:  
Marriage/Divorce  
Birth/Death

[Add Child age 26 to 31 Ch 375 Coverage](#)

[Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future](#)

**[Add Medicare Information \(Enter today's date\)](#)**

[Birth or Adoption](#)

[Death of Dependent](#)

Then enter today's date and click **Continue**.

Add Medicare Information (Enter today's date) X

What date are resulting changes effective? \*

**01/16/2025** 

(MM/DD/YYYY)

**Based on the date entered**

- Any add or change in coverage will be effective on: **01/16/2025**
- Any coverage dropped or no longer continued will be terminated on: **01/15/2025**

Review the information and click **Start Change**.

### Benefit Enrollment

## change my benefits



#### Updating Medicare Information

To add/update Medicare information for yourself or your spouse, you'll need the MBI or HICN number as well as the Medicare Part A and Part B effective date(s). Your Medicare information should be submitted within 3 months of your retirement date.

**You are required to enter Medicare Part A and Part B coverage once eligible in order to begin the enrollment process for your Retiree Healthcare Benefits.**

Click **Start Change** below and we'll walk you through adding the Medicare information.

Once the Medicare information is added to your account, **please wait 24 hours** and return to this site where you'll be able to review your retiree benefits.

#### Important Information about your Prescription Drug Coverage

Your medical plan includes prescription coverage. You do not need to elect it separately.

If are eligible for Medicare, and you enroll in any private Medicare Part D plan, such as those advertised to many seniors, you will **NOT** be eligible to continue your health coverage and will be dropped.

#### Benefit Information

- ▶ Medical
- ▶ Benefit Guide
- ▶ Dental
- ▶ SBC

#### Questions?

**NJDPB Client Services**  
(609) 292-7524  
Monday through Friday 7:00  
am-4:30 pm ET  
(Except State Holidays)

**COBRA (Businessolver)**  
(833) 929-1101  
Monday through Friday 9:00  
am-6:00 pm ET

#### Fact Sheets

[Click here for important information about your retirement benefits](#)

**Start Change** >

If you are enrolled in Medicare, but your spouse is not, OR if you are not enrolled in Medicare, but your spouse is enrolled in Medicare; this is known as **Split Medicare**.

Answer the questions, update your contact information, and click **Next**.

## About You



### Your Information

Fields marked with an asterisk (\*) are required

Are you enrolled in Medicare? \*

Yes

Please select "**Split Medicare**" below if you are enrolled in Medicare and you wish to cover a spouse and/or any dependent children who are not enrolled in Medicare or in the event that you and/or your spouse are enrolled in Medicare and any other dependent listed on coverage will not be enrolled in Medicare. \*

Medicare

Personal Email Address: \*

test@test.com

user@mydomain.com

Confirm Personal Email Address: \*

test@test.com

Home Phone:

555-555-1234

Work Phone:

555-555-1234

< Back

Next >

To provide proof for your spouse, click **Edit** next to your spouse's name. To provide proof only for yourself, click **Looks Good**.

### Your Family



#### Review Your Dependents

Please add/edit your dependent information.

Name	Relationship	Gender	Date of Birth	
Joe Dirt	Spouse	Male	01/14/1969	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[← Back](#) [Looks Good →](#)

Review and update your spouse's information and click **Next**.

### Edit Dependent



#### Dependent Information

Fields marked with an asterisk (\*) are required

Is this dependent currently or planning to be enrolled in Medicare? \*

Yes

Relationship: \* Spouse

First Name: \* Joe

Middle Initial:

Last Name: \* Dirt

Date of Birth: \* 01/14/1969  
MM/DD/YYYY

[← Back](#) [Next →](#)

Click **Looks Good**.

### Your Family



#### Review Your Dependents

Please add/edit your dependent information.

Name	Relationship	Gender	Date of Birth	
Joe Dirt	Spouse	Male	01/14/1969	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[← Back](#) [Looks Good >](#)

Enter the **Medicare HICN/MBI** number for you and/or your spouse.

You can find the Medicare Beneficiary Identifier (MBI) on your Medicare Insurance Card.

### Medical



#### Medical - Medicare Coverage

 Please provide Medicare enrollment information.

adam zzTest Medicare Information

Medicare HICN/MBI: \*

**Please Note:** The Medicare Effective Dates must be on the **first of the month** and cannot be more than 90 days in the future. If your effective date is more than 90 days in the future, please return here once within the window.

Click the box to enter the effective date(s) for **Medicare Parts A and/or B** and then click **Next**.

## Medical



### Medical - Medicare Coverage

 Please provide Medicare enrollment information.

adam zzTest Medicare Information

Medicare HICN/MBI: \*

**Please Note:** The Medicare Effective Dates must be on the **first of the month** and cannot be more than 90 days in the future. If your effective date is more than 90 days in the future, please return here once within the window.

Medicare Part A Eff Date: \*    
MM/DD/YYYY

Medicare Part B Eff Date: \*    
MM/DD/YYYY

Review your changes, and if anything is incorrect, use the **Edit** button to make additional changes.  
If everything looks correct, click **Approve**.

### Review Enrollment



You're almost done! Please review your enrollment below.  
You must click the **Approve** button before you will be enrolled in any plans.

▶ About You

▶ Dependents - 1

▼ Medicare Information

<a href="#">Edit</a>	
<b>adam zzTest</b>	
<b>Med Part A Eff Date</b> 02/03/2025	<b>Med Part B Eff Date</b> 02/03/2025
<b>Joe Dirt</b>	
<b>Med Part A Eff Date</b> 02/03/2025	<b>Med Part B Eff Date</b> 02/03/2025

**Total Cost** **\$0.00**  
Monthly

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your Evidence of Insurability (EOI) by the carrier.

[← Back](#)[✓ Approve](#)

Click **I Agree** to complete your changes.

### Confirmation

Thank you for updating your Medicare information.

**Please wait 24 hours and return to this site where you'll be able to review your retiree benefits.**

**If you are not currently enrolled in the State Health Benefit Program and your Medicare was effective longer than 60 days ago, you will need to process an accompanying loss of other coverage event upon returning to the site in order to add coverage.**

By selecting "I Agree" you have confirmed your benefit elections for the current plan year.  
By selecting "I Disagree" your changes will not be submitted.

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Total Employee Cost: \$0.00  
Monthly

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

### Thank You!

✔ Transaction Complete

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

0---

[Return to top of section](#)

## Add New Dependent – Marriage

Go to the **I Want To... Change My Benefits > Getting Married** page and follow the steps on that page. Click the **Change My Benefits** button.

▶ I Want To... ▼ ▶ Contacts

**Change My Benefits**

- Adding a Child
- Change Plans
- Drop Coverage
- Waive Coverage
- Add Medicare Proof
- Add New Dependent
- Change Address or Email
- Chapter 375
- Change Dependent Information
- Submit IRMAA Claim
- Losing a Loved One
- Coverage Was Terminated
- Medicare Advantage
- Medicare Part D
- Losing Coverage Elsewhere
- Getting Married**



**Getting Married**

Getting married is such an exciting time in your life, but it can also mean a lot of changes and updates. Good news! We offer benefits and resources to support you every step of the way.

**Important reminder:** After the marriage, you must request to add your spouse to coverage within **60 days of the event**. Coverage is effective the first of the month following 60 days from the submission of your change.

**Eligibility**

**Eligible Dependents**

- Spouse/Domestic Partner
- Child(ren) (up to age 26)
- Step-child (up to age 26)

**1 Step 1**

Click the **Change My Benefits** button below and choose **Marriage** in the **Life Events** section to start your life event.



Change My Benefits

Choose **Life Event > Marriage**.

▼ LIFE EVENT

Examples:  
Marriage/Divorce  
Birth/Death

- Add Child age 26 to 31 Ch 375 Coverage
- Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future
- Add Medicare Information (Enter today's date)
- Birth or Adoption
- Death of Dependent
- Dental Plan Change
- Disability Retirement Enrollment BAR
- Divorce
- Drop All Coverage on Demand-Please Enter Today's Date
- Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date
- Gains Coverage Elsewhere
- Loses Coverage Elsewhere
- Marriage**
- Medical Plan Change

Enter the date of marriage and click **Continue**.

Marriage X

What date was the marriage? \*

01/16/2025 

(MM/DD/YYYY)

**Based on the date entered**

- Any add or change in coverage will be effective on: **01/16/2025**
- Any coverage dropped or no longer continued will be terminated on: **01/15/2025**

[Show Plan Exceptions](#)

On the next page, scroll to the bottom and click **Start Change**.



Then, update any demographic information and click **Next**.

Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
PO BOX - Enter only the numeric portion of your PO Box, if applicable.:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="NJ"/>
Zip Code: *	<input type="text"/>

Then enter any necessary Medicare information and click **Next**.

## About You



### Your Information

Fields marked with an asterisk (\*) are required

**Are you enrolled in Medicare? \***

Yes

Please select "**Split Medicare**" below if you are enrolled in Medicare and you wish to cover a spouse and/or any dependent children who are not enrolled in Medicare or in the event that you and/or your spouse are enrolled in Medicare and any other dependent listed on coverage will not be enrolled in Medicare. \*

Medicare

**Personal Email Address: \*** test@test.com  
user@mydomain.com

**Confirm Personal Email Address: \*** test@test.com

**Home Phone:** 555-555-1234

**Work Phone:** 555-555-1234

[< Back](#) [Next >](#)

On the next page, click **Add a New Dependent**.

### Your Family



#### Review Your Dependents

Please add/edit your dependent information.

Name	Relationship	Gender	Date of Birth	
Joe Dirt	Spouse	Male	01/14/1969	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[← Back](#) [Looks Good >](#)

Enter your spouse's information and Social Security number. If your spouse is enrolled in Medicare, answer the Medicare questions and click **Next**.

### Edit Dependent



#### Dependent Information

Fields marked with an asterisk (\*) are required

Is this dependent currently or planning to be enrolled in Medicare? \*

Yes

Relationship: \* Spouse

First Name: \* Joe

Middle Initial:

Last Name: \* Dirt

Date of Birth: \* 01/14/1969  
MM/DD/YYYY

[← Back](#) [Next >](#)

Then click **Looks Good**.

### Your Family



#### Review Your Dependents

Please add/edit your dependent information.

Name	Relationship	Gender	Date of Birth	
Joe Dirt	Spouse	Male	01/14/1969	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[← Back](#) [Looks Good >](#)

On the next page, click **Edit** next to any plans you'd like to add your spouse to.

### Medical Election Summary



#### Review Your Election

Enrolled in Medical? [Edit](#)

Yes

Covered Members [Edit](#)

Members	Covered
adam zzTest Effective Date: 08/16/2024	Yes
Joe Dirt Relationship: Spouse Date of Birth: 01/14/1969	No

Plan Selected [Edit](#)

Plan Selected Aetna NJ Educators Health Plan | 097

Check the box next to your spouse's name to add them to coverage, and click **Next**.

### Medical



Who would you like to cover with Medical coverage?

adam zzTest (Required)

Joe Dirt - Spouse - 01/14/1969

Deselect All

+ Add a New Dependent

[< Back](#) [Next >](#)

Answer the eligibility question as **No** to proceed, then click **Next**. This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

#### Eligibility Questions - NJ Educators Health Plan (098)

Questions for [REDACTED]

Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage. \*

No

If everything looks good on the next page, scroll down and select **Looks Good**.

### Medical Election Summary



#### Review Your Election

Enrolled in Medical? Yes	<a href="#">Edit</a>
Covered Members	<a href="#">Edit</a>
<b>Members</b>	<b>Covered</b>
<b>adam zzTest</b> Effective Date: 08/16/2024	Yes
<b>Joe Dirt</b> Relationship: Spouse Date of Birth: 01/14/1969	No
Plan Selected	<a href="#">Edit</a>
<b>Plan Selected</b>	Aetna NJ Educators Health Plan  097

[← Back](#) [Looks Good >](#)

Then follow through the same prompts to add them to Dental coverage, if applicable.

### Dental



Who would you like to cover with Dental coverage?

adam zzTest (Required)

Joe Dirt - Spouse - 01/14/1969

[Deselect All](#)

[+ Add a New Dependent](#)

[← Back](#) [Next >](#)

On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment



You're almost done! Please review your enrollment below.  
You must click the **Approve** button before you will be enrolled in any plans.

- ▶ About You
- ▶ Dependents - 1
- ▶ Medicare Information

#### Your Elections

My Health		
Plan	Coverage	Employee Cost Monthly
<b>Medical</b> Aetna Med Adv PPO10   NJ Educators Health Plan   19A <a href="#">View Details</a>	adam_joe	<a href="#">Edit</a>
<b>Dental</b> Aetna Dental Expense Plan Plus (397) <a href="#">View Details</a>	adam_joe	\$111.44 <a href="#">Edit</a>

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your Evidence of Insurability (EOI) by the carrier.

◀ Back
✔ Approve

Click **I Agree** to complete your changes.

✘ I Disagree

Total Employee Cost: \$0.00  
Monthly

✔ I Agree

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

**Thank You!**

✔ Transaction Complete
📄 Benefit Summary PDF

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

◀ Home
➤ Logout

## Dependents and Required Documentation

You will need to submit documentation to verify your dependent's relationship. Check your **Message Center** for any additional steps to complete your enrollment.

### To add a spouse we require:

- Government issued marriage certificate.

### To add a child we require:

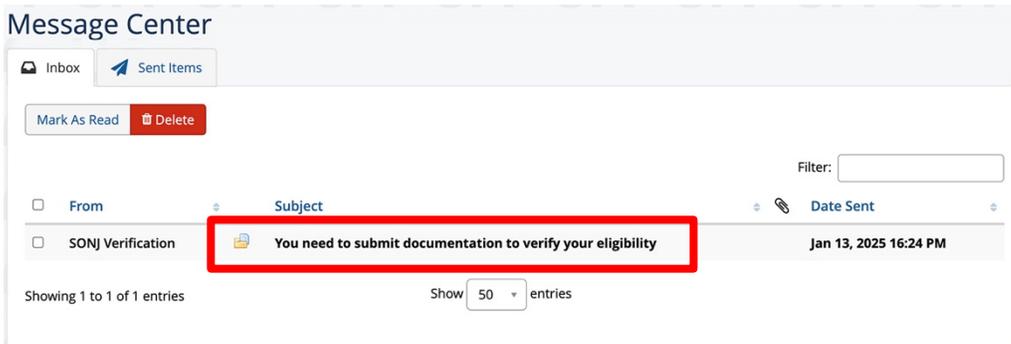
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

## How to Upload Documents

At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

[Choose File](#) No file chosen

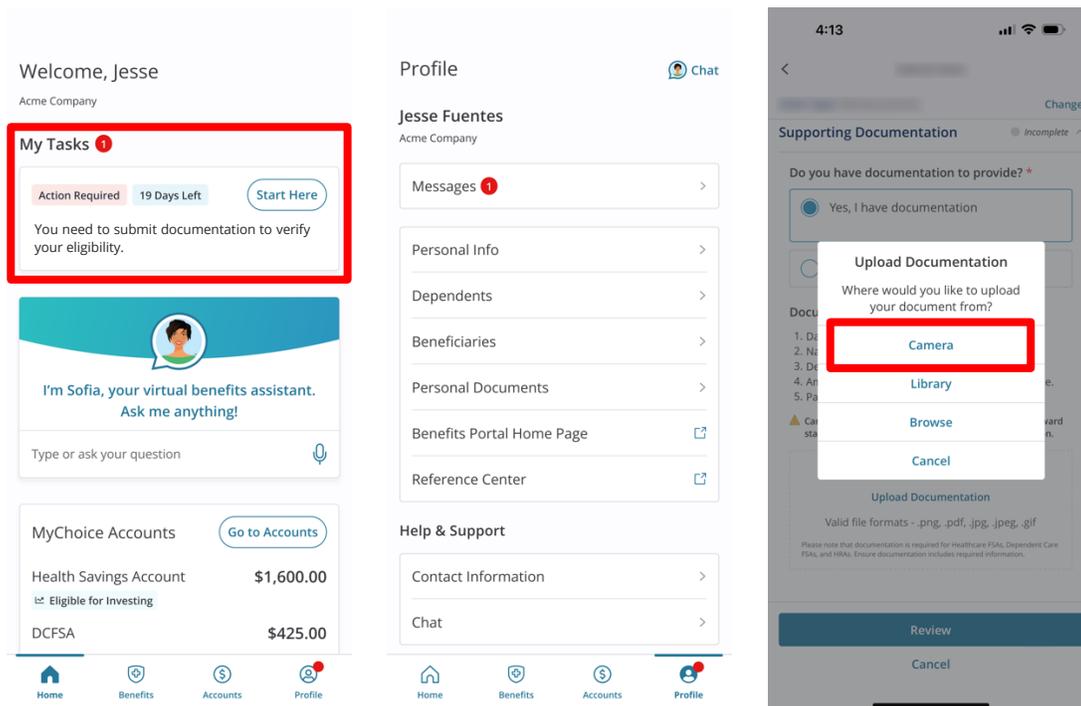
Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



[Return to top of section](#)

## Add New Dependent – Birth

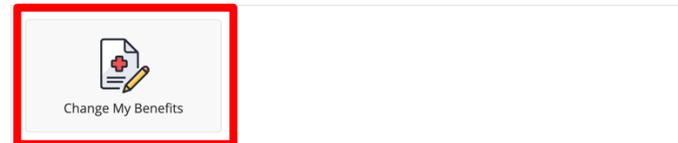
Go to the **I Want To... Change My Benefits > Adding a Child** page.



Follow the steps on the page and click the **Change My Benefits** button.



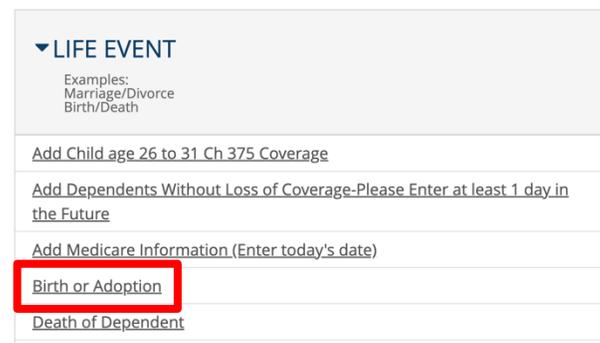
**1** Step 1  
Click the **Change My Benefits** button below and choose **Birth or Adoption** in the **Life Events** section to start your life event.



**2** Step 2

- Enter the date of birth, and click **Continue**.
- Click **Start Change** on the next page.
- Update demographic information, if needed, and click **Next**.

Choose **Life Event > Birth or Adoption**.



Enter the date of birth, then click **Continue**.

Birth or Adoption X

What was the date of birth or date of adoption?

MM/DD/YYYY

**Based on the date entered**

- Any add or change in coverage will be effective on: **09/15/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/14/2022**

[Show Plan Exceptions](#)

On the next page, scroll to the bottom and click **Start Change**.



Then, update any demographic information and click **Next**.

Address 1: \*

Address 2:

PO BOX - Enter only the numeric portion of your PO Box, if applicable.:

City: \*

State: \*

Zip Code: \*

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? \*

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. \*

Personal Email Address: \*

Confirm Personal Email Address: \*

Home Phone:

Work Phone:

On the next page, click **Add a New Dependent**.

Your Family

Name	Relationship	Gender	Date of Birth	
Francis [REDACTED]	Spouse	Male	[REDACTED]	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[← Back](#)

[Looks Good >](#)

Enter your child's information and click **Save Changes**.

Dependent Information

Is this dependent currently or planning to be enrolled in Medicare? \*

No

Relationship: \* Child

First Name: \* Test

Middle Initial:

Last Name: \* Test

Date of Birth: \* 09/15/2022  
MM/DD/YYYY

**Warning!** Please provide an accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN) for your dependent in the field labeled Social Security Number below.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:

123-45-6789

Cannot provide Social Security Number

Then click **Looks Good**.

[Looks Good >](#)

Click **Next** to skip through the Medicare information page.



### Your Information

Are you enrolled in Medicare? \*

No

Your eligibility for retiree plans depends upon the Medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. \*

No Medicare

Personal Email Address: \*

test@necst.com  
user@mydomain.com

Confirm Personal Email Address: \*

test@test.com

Home Phone:

555-555-1234

Work Phone:

555-555-1234

Click **Next** on the first Medical page, then check the dependent you wish to add. Click **Next** again.

### Medical



Who would you like to cover with Medical coverage?

GERBER (Required)

GERBER - Child - 04/15/1992

Child - 09/15/2022

Select All

+ Add a New Dependent

On the next page, select **No** on the eligibility question to continue, then click **Next**.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

Eligibility Questions - Horizon Aetna HMO (058)

Questions for DONALD [REDACTED]

Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage. \*

No

If everything looks correct on the **Review Your Election** page, click **Looks Good**.

### Medical Election Summary



#### Review Your Election

Enrolled in Medical?	
Yes	
Covered Members <span>Edit</span>	
Members	Covered
<input type="checkbox"/> [Redacted] (Required)	Yes
<input type="checkbox"/> [Redacted] Relationship: Child Date of Birth: 04/15/1992 Effective Date: 07/01/2021	Yes
<input type="checkbox"/> [Redacted] Relationship: Child Date of Birth: 09/15/2022 Effective Date: 09/15/2022	Yes
Plan Selected <span>Edit</span>	
Plan Selected	Horizon Aetna HMO (058)

Then follow through the same prompts to add Dental.

### Dental



Who would you like to cover with Dental coverage?

<input type="checkbox"/> DONALD [Redacted] (Required)
<input checked="" type="checkbox"/> Test Test - Spouse - 12/12/1990
<input type="checkbox"/> DEANNA [Redacted] Child - 04/15/1992
<a href="#">Deselect All</a>
<a href="#">+ Add a New Dependent</a>

On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.



Click **I Agree** to complete your changes.

Total Employee Cost: \$0.00 Monthly

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

Thank You!

Transaction Complete

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number  
0---

## Dependents and Required Documentation

You will need to submit documentation to verify your dependent's relationship. Check your **Message Center** for any additional steps to complete your enrollment.

### To add a newborn we require:

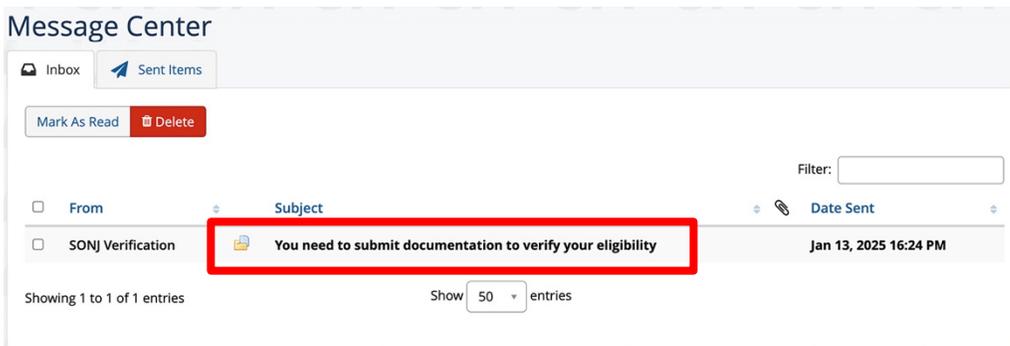
- Government issued Birth Certificate submitted within one year of the birth of the child with the member listed as a parent of the child.
- Copy of Social Security card within one year of the birth of the child.
- The child will be approved before documentation is submitted so hospital and doctors claims can be covered while birth certification is being processed.

## How to Upload Documents

At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

[Choose File](#) No file chosen

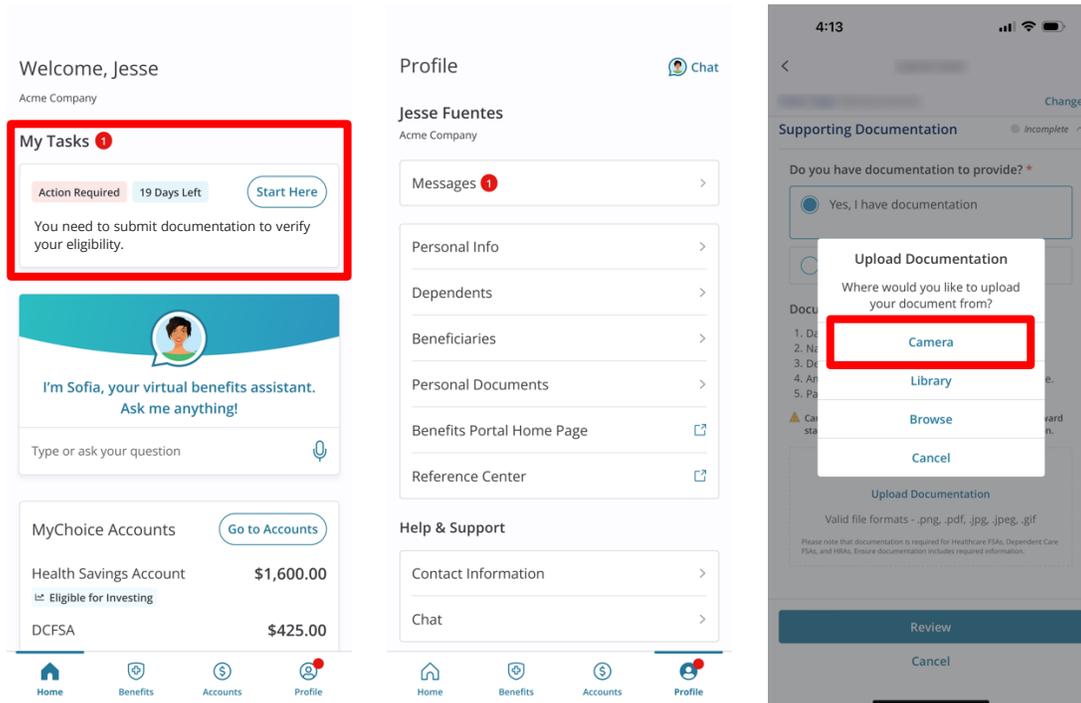
Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.

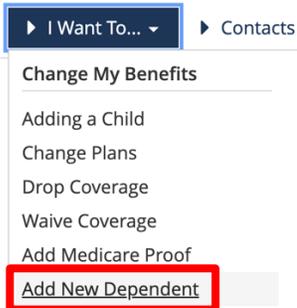


[Return to top of section](#)

## Add Dependent(s) No Loss of Coverage Event - With a 60-day Delay

This will allow you to add dependents without providing proof of coverage loss. The only caveat is that there will be a mandatory 60-day waiting period before the coverage will begin.

Go to the **I Want To... Change My Benefits > Add New Dependent** page.



Follow the steps on this page and click the **Change My Benefits** button.



### Add Dependent(s) With No Loss of Coverage

This will allow you to add dependent(s) without providing proof of coverage loss. The only caveat is that there will be a mandatory **60-day** waiting period before the coverage will begin.

#### 1 Step 1

Click the **Change My Benefits** button below and choose **Add Dependent Without Loss of Coverage** in the **Life Events** section to start your life event.



#### 2 Step 2

- Enter the date of when the new coverage will begin (the day after previous coverage has ended), and click **Continue**.
- Update demographic information, if needed, and click **Next**.
- You will need to answer a few questions about your Medicare eligibility.

Choose **Life Event** > **Add Dependents Without Loss of Coverage**.

▼ LIFE EVENT

Examples:  
Marriage/Divorce  
Birth/Death

Add Child age 26 to 31 Ch 375 Coverage

**Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future**

Add Medicare Information (Enter today's date)

Birth or Adoption

Death of Dependent

Dental Plan Change

Enter the day that new coverage will begin (the day after previous coverage has ended).

Add Dependents Without Loss of Coverage X

What date are resulting changes effective?

**10/01/2022**

MM/DD/YYYY

**Based on the date entered**

- Any add or change in coverage will be effective on: **11/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **10/31/2022**

▶ Show Plan Exceptions

Cancel **Continue**

Then, update any demographic information and click **Next**.

Address 1: \*

Address 2:

PO BOX - Enter only the numeric portion of your PO Box, if applicable.:

City: \*

State: \*

Zip Code: \*

Then enter any necessary Medicare information and click **Next**.



### Your Information

Are you enrolled in Medicare? \*

No

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. \*

No Medicare

Personal Email Address: \*  
test@test.com  
user@mydomain.com

Confirm Personal Email Address: \*  
test@test.com

Home Phone: [Redacted]  
555-555-1234

Work Phone: [Redacted]  
555-555-1234

On the next page, click **Add a New Dependent**.

### Your Family

Name	Relationship	Gender	Date of Birth	
Francis [Redacted]	Spouse	Male	[Redacted]	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[← Back](#)

[Looks Good →](#)

Enter your dependent's information and click **Save Changes**.

Dependent Information

Is this dependent currently or planning to be enrolled in Medicare? \*

No

Relationship: \* Child

First Name: \* Test

Middle Initial:

Last Name: \* Test

Date of Birth: \* 09/15/2022  
MM/DD/YYYY

**Warning!** Please provide an accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN) for your dependent in the field labeled Social Security Number below.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:

123-45-6789

Cannot provide Social Security Number

Then click, **Looks Good**



To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options  No, Waive Coverage

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONNA █████ (Required)

Effective Date      Term Date  
07/01/2022      █████

FRANCIS █████ Spouse █████

Effective Date      Term Date  
07/01/2022      █████

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.



Garden State Health Plan (099) **aetna**

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

⚠ Other Plan Rules Apply - [View Details](#)

Plan Details  Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA █████

Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage.\*

Once completed, click **Next** at the bottom of the screen.



**Please note:** If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

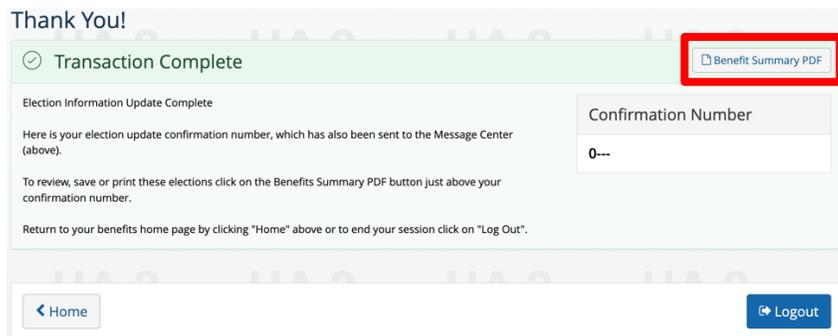
Be sure to click **Approve** at the bottom of the **Review Enrollment** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



Click **I Agree** to complete your changes.



You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.



## Dependents and Required Documentation

You will need to submit documentation to verify your dependent's relationship. Check your **Message Center** for any additional steps to complete your enrollment.

### To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

### To add a child we require:

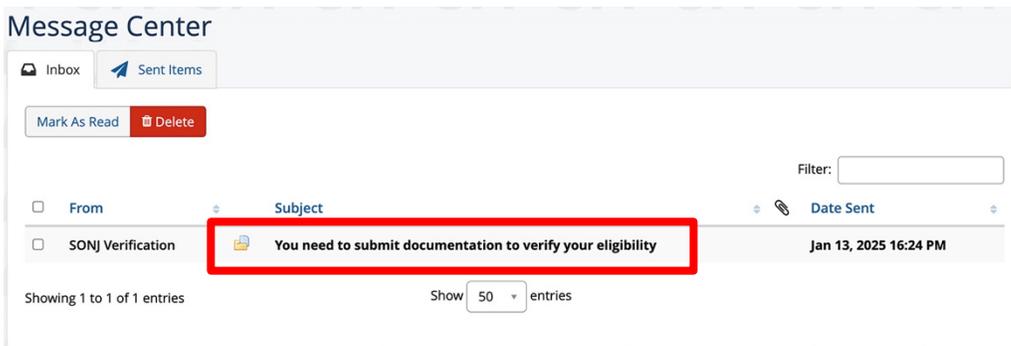
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

## How to Upload Documents

At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

[Choose File](#) No file chosen

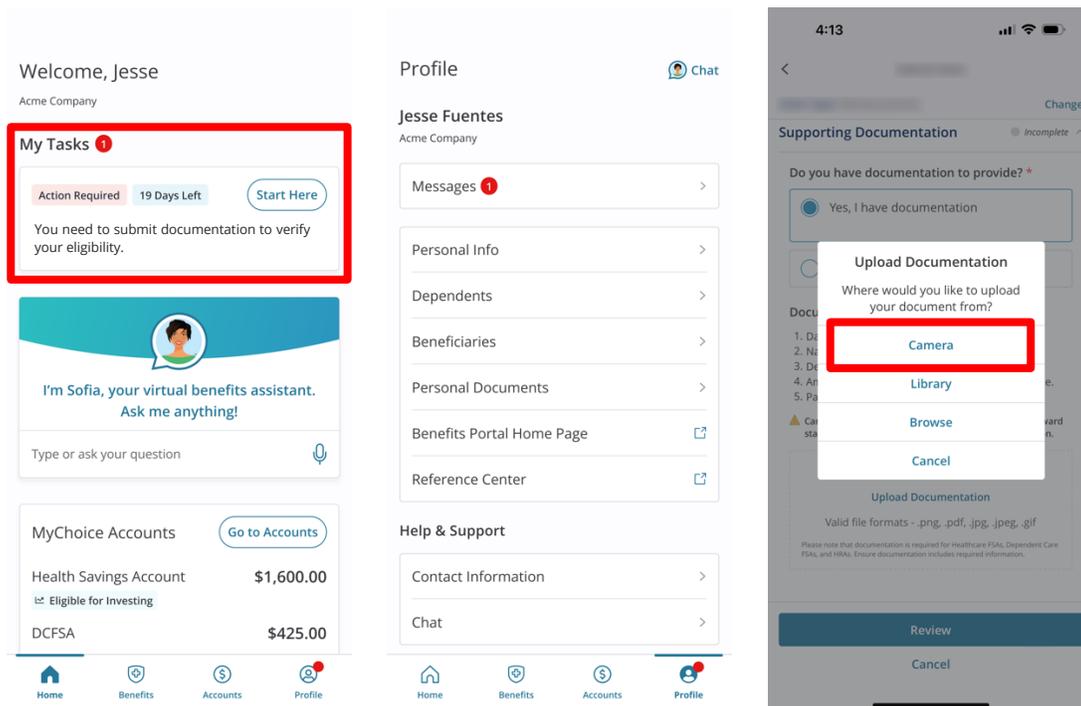
Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



[Return to top of section](#)

# Enroll with a Loss of Coverage Event - Within 60 Days to Enroll Date of Coverage Loss

This action will allow you to enroll in coverage effective the day immediately after you have lost coverage. You will need to upload proof of termination from your previous insurance carrier in order for this transaction to be approved.

Go to the **I Want To... Change My Benefits > Losing Coverage Elsewhere** page. Follow the steps on this page and click the **Change My Benefits** button.

- ▶ I Want To... ▾
- ▶ Contacts
- Change My Benefits
- Adding a Child
- Change Plans
- Drop Coverage
- Waive Coverage
- Add Medicare Proof
- Add New Dependent
- Change Address or Email
- Chapter 375
- Change Dependent Information
- Submit IRMAA Claim
- Losing a Loved One
- Coverage Was Terminated
- Medicare Advantage
- Medicare Part D
- Losing Coverage Elsewhere**



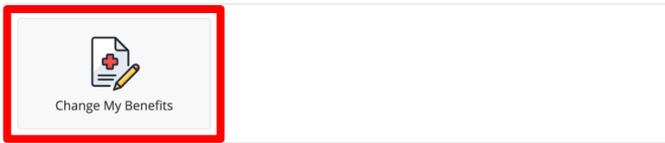
**Enroll With A Loss of Coverage**

This action will allow you, or your dependent(s) to enroll in coverage effective the day immediately after you have lost coverage.

You will need to upload **proof of termination** from your previous insurance carrier in order for this transaction to approve.

**1** Step 1

Click the **Change My Benefits** button below and choose **Loses Coverage Elsewhere** in the **Life Events** section to start your life event.



**2** Step 2

- Enter the date of your last day of coverage, and click **Continue**.
- Click **Start Change** on the next page.
- Update demographic information, if needed, and click **Next**.
- You will need to answer a few questions about your Medicare eligibility.

## Choose **Life Event** > **Loses Coverage Elsewhere.**

<b>▼ LIFE EVENT</b> Examples: Marriage/Divorce Birth/Death
<a href="#">Add Child age 26 to 31 Ch 375 Coverage</a>
<a href="#">Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future</a>
<a href="#">Add Medicare Information (Enter today's date)</a>
<a href="#">Birth or Adoption</a>
<a href="#">Death of Dependent</a>
<a href="#">Dental Plan Change</a>
<a href="#">Disability Retirement Enrollment BAR</a>
<a href="#">Divorce</a>
<a href="#">Drop All Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Gains Coverage Elsewhere</a>
<b>Loses Coverage Elsewhere</b>
<a href="#">Marriage</a>

## Enter the last day of coverage and click **Continue.**

Loses Coverage Elsewhere X

What was the last date of coverage?  
  
MM/DD/YYYY

**Based on the date entered**

- Any add or change in coverage will be effective on: **10/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/30/2022**

[Show Plan Exceptions](#)

## Then, update any demographic information and click **Next.**

Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
PO BOX - Enter only the numeric portion of your PO Box, if applicable.:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="NJ"/>
Zip Code: *	<input type="text"/>

Then enter any necessary Medicare information and click **Next**.



### Your Information

Are you enrolled in Medicare? \*

No

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. \*

No Medicare

Personal Email Address: \*  
test@rest.com  
user@mydomain.com

Confirm Personal Email Address: \*  
test@test.com

Home Phone:  
555-555-1234

Work Phone:  
555-555-1234

On the next page, click **Add a New Dependent**.

### Your Family

Name	Relationship	Gender	Date of Birth	
Francis	Spouse	Male		Edit

+ Add a New Dependent

< Back

Looks Good >

Enter your dependent's information and click **Save Changes**.

Dependent Information

Is this dependent currently or planning to be enrolled in Medicare? \*

No

Relationship: \* Child

First Name: \* Test

Middle Initial:

Last Name: \* Test

Date of Birth: \* 09/15/2022  
MM/DD/YYYY

**Warning!** Please provide an accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN) for your dependent in the field labeled Social Security Number below.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:

123-45-6789

Cannot provide Social Security Number

Then click, **Looks Good**



To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options  No, Waive Coverage

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONNA [REDACTED] (Required)

Effective Date: 07/01/2022      Term Date: [REDACTED]

FRANCIS [REDACTED] - Spouse - [REDACTED]

Effective Date: 07/01/2022      Term Date: [REDACTED]

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.

Garden State Health Plan (099) 

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

 Other Plan Rules Apply - [View Details](#)

 Plan Details Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA [REDACTED]

Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage. \*

No

Once completed, click **Next** at the bottom of the screen.

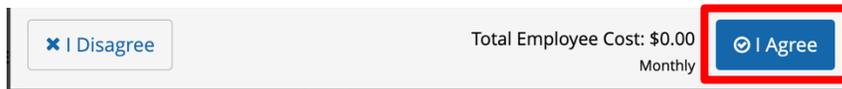
< Previous Next >

**Please note:** If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

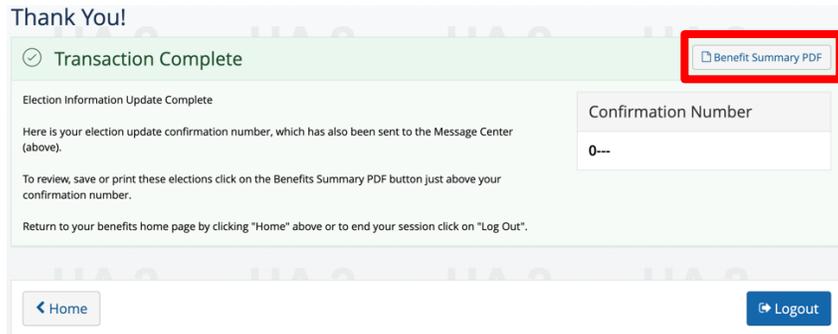
Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



Click **I Agree** to complete your changes.



You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.



## Dependents and Required Documentation

**Proof of Coverage loss is required for Loses Coverage Elsewhere Transaction.**

- Termination letter must show effective date and can be obtained by contacting previous insurance carrier.

You will need to submit documentation to verify your changes. Check your **Message Center** for any additional steps to complete your enrollment.

### To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

### To add a child we require:

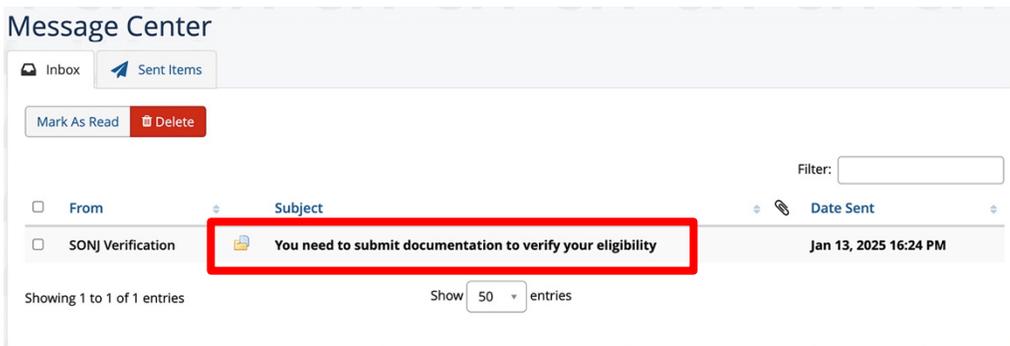
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

## How to Upload Documents

At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

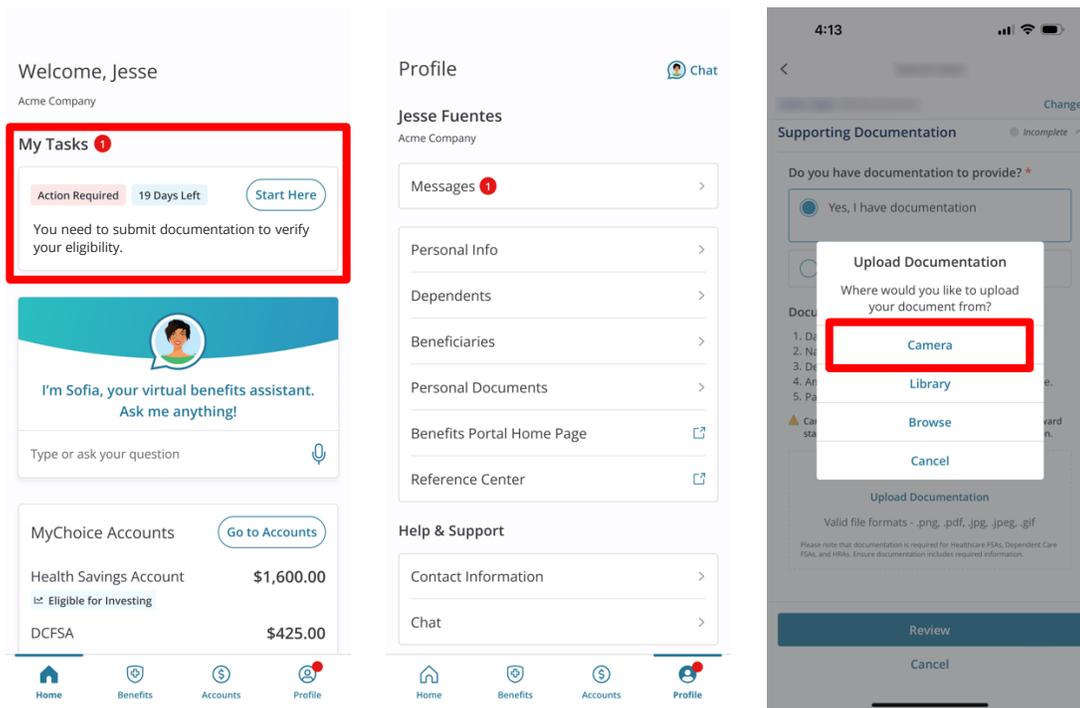
**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

Cancel Send

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



[Return to top of section](#)

## Add Dependents With a Loss of Coverage Event - Within 60 Days of the Loss of Coverage Event:

This action will allow you to enroll your dependents in coverage as of the day immediately after you have lost coverage. You will need to upload proof of termination from your previous insurance carrier in order for this transaction to be approved.

Go to the **I Want To... Change My Benefits > Losing Coverage Elsewhere** page. Follow the steps on this page and click the **Change My Benefits** button.

▶ I Want To... ▼    ▶ Contacts

**Change My Benefits**

- Adding a Child
- Change Plans
- Drop Coverage
- Waive Coverage
- Add Medicare Proof
- Add New Dependent
- Change Address or Email
- Chapter 375
- Change Dependent Information
- Submit IRMAA Claim
- Losing a Loved One
- Coverage Was Terminated
- Medicare Advantage
- Medicare Part D
- Losing Coverage Elsewhere**



### losing coverage elsewhere

**Enroll With A Loss of Coverage**

This action will allow you, or your dependent(s) to enroll in coverage effective the day immediately after you have lost coverage.

You will need to upload **proof of termination** from your previous insurance carrier in order for this transaction to approve.

**1 Step 1**

Click the **Change My Benefits** button below and choose **Loses Coverage Elsewhere** in the **Life Events** section to start your life event.



Change My Benefits

**2 Step 2**

- Enter the date of your last day of coverage, and click **Continue**.
- Click **Start Change** on the next page.
- Update demographic information, if needed, and click **Next**.
- You will need to answer a few questions about your Medicare eligibility.

Choose **Life Event** > **Loses Coverage Elsewhere**.

<b>▼ LIFE EVENT</b> Examples: Marriage/Divorce Birth/Death
<a href="#">Add Child age 26 to 31 Ch 375 Coverage</a>
<a href="#">Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future</a>
<a href="#">Add Medicare Information (Enter today's date)</a>
<a href="#">Birth or Adoption</a>
<a href="#">Death of Dependent</a>
<a href="#">Dental Plan Change</a>
<a href="#">Disability Retirement Enrollment BAR</a>
<a href="#">Divorce</a>
<a href="#">Drop All Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date</a>
<a href="#">Gains Coverage Elsewhere</a>
<b>Loses Coverage Elsewhere</b>
<a href="#">Marriage</a>

Enter the last day of previous coverage, then click **Continue**.

Loses Coverage Elsewhere X

What was the last date of coverage?  
  
MM/DD/YYYY

**Based on the date entered**

- Any add or change in coverage will be effective on: **09/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **08/31/2022**

[Show Plan Exceptions](#)

On the next page, scroll to the bottom and click **Start Change**.

Then, update any demographic information and click **Next**.

Address 1: \*

Address 2:

PO BOX - Enter only the numeric portion of your PO Box, if applicable.:

City: \*

State: \*

Zip Code: \*

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? \*

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. \*

Personal Email Address: \*   
user@mydomain.com

Confirm Personal Email Address: \*

Home Phone:

Work Phone:

On the next page, click **Add a New Dependent**.

Your Family

Name	Relationship	Gender	Date of Birth
Francis <input type="text"/>	Spouse	Male	<input type="text"/>

[+ Add a New Dependent](#)

[← Back](#) [Looks Good →](#)

Enter your dependent's information and click **Next**.

Is this dependent currently or planning to be enrolled in Medicare? \*

No

Relationship: \* Child

First Name: \* Test

Middle Initial:

Last Name: \* Test

Date of Birth: \* 12/01/1993  
MM/DD/YYYY

**Warning!** Please provide an accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN) for your dependent in the field labeled Social Security Number below.

The Affordable Care Act requires that employers request this information for all covered dependents.

Then click **Looks Good** when you return to the **Your Family** page.



Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually "checked" to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONNA (Required)

Effective Date 07/01/2022 Term Date

Francis Spouse

Effective Date 07/01/2022 Term Date

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.



Garden State Health Plan (099) **aetna**

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

Other Plan Rules Apply - [View Details](#)

Plan Details Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA [REDACTED]

Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage.\*

No

Once completed, click **Next** at the bottom of the screen.



< Previous **Next >**

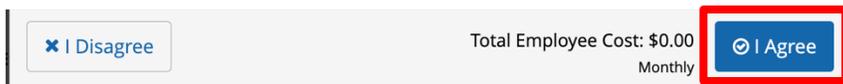
**Please note:** If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

Be sure to click **Approve** at the bottom of the **Review Enrollment** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



✓ Approve

Click **I Agree** to complete your changes.



✗ I Disagree Total Employee Cost: \$0.00 Monthly **I Agree**

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

Thank You!

✔ Transaction Complete
Benefit Summary PDF

**Election Information Update Complete**

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number

0---

← Home
Logout

## Dependents and Required Documentation

### Proof of Coverage loss required for **Losses Coverage Elsewhere** Transaction

- Termination letter must show effective date and can be obtained by contacting your previous insurance carrier.

You will need to submit documentation to verify your changes. Check your **Message Center** for any additional steps to complete your enrollment.

#### To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns showing the same address. Only submit the first page with all the financial data redacted.)

#### To add a child we require:

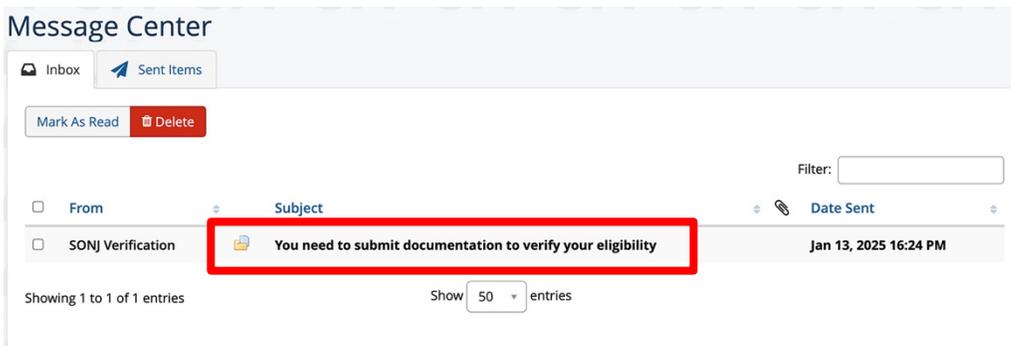
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

## How to Upload Documents

At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: 🗑️



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

[Choose File](#) No file chosen

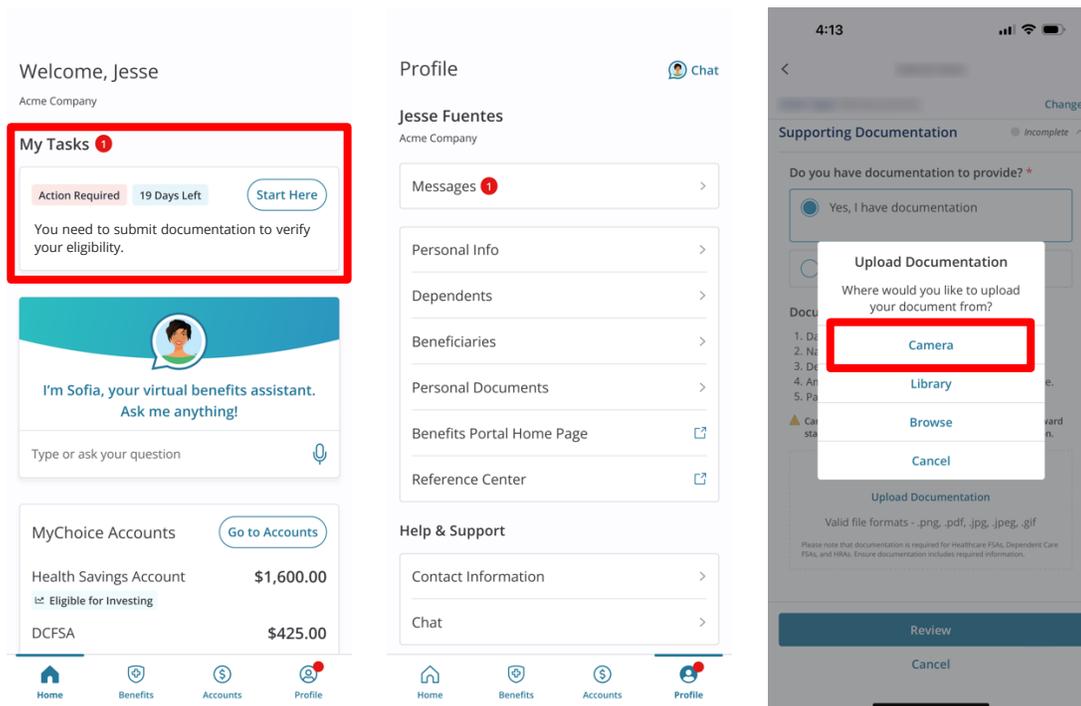
Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



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# Chapter 375, COBRA and Over Age Handicapped Dependents (OAH)

[How to Enroll a Chapter 375 Dependent](#)

[How to Terminate a Chapter 375 Dependent](#)

[COBRA](#)

[Continuance of Coverage for an Over Age Disabled Child](#)

[Return to contents](#)

## Chapter 375

Chapter 375 coverage is available to eligible dependent children aged 26 to 31. A dependent child enrolled under Chapter 375 would age out at the end of the month that they turn 31. They would not have coverage extended to the end of the year as they would when they turned 26.

The dependent would be enrolled in the same medical and prescription drug plan as you (or the corresponding non-Medicare plans as applicable). There are no dental plans available under Chapter 375. A Chapter 375 dependent could enroll in dental through COBRA. For more information regarding Chapter 375 coverage and eligibility requirements see the [Fact Sheet “Health Benefits Coverage of Children Until Age 31 Under Chapter 375”](#).

You can find helpful information and your options, on the **I Want To... Learn About > Child is Turning 26** page.

<ul style="list-style-type: none"> <li>Change My Benefits</li> <li>Adding a Child</li> <li>Change Plans</li> <li>Drop Coverage</li> <li>Waive Coverage</li> <li>Add Medicare Proof</li> <li>Add New Dependent</li> <li>Change Address or Email</li> <li>Chapter 375</li> </ul>	<ul style="list-style-type: none"> <li>Find Care</li> <li>Find a Provider</li> <li>Direct Primary Care Medical Home</li> </ul>	<ul style="list-style-type: none"> <li>Learn About</li> <li>Improving My Health</li> <li>Retiree Letters</li> <li><b>Child is Turning 26</b></li> <li>Medicare</li> <li>Hot Topics</li> <li>Upload Documents</li> </ul>
--	--	---



### Child is Turning 26

Dependent child(ren) may remain enrolled in your NJDBP benefits until December 31st of the same year in which they turn 26. **No Action** is required on your part.

Your dependent(s) coverage will automatically terminate effective 12/31 of the year in which your dependent child(ren) reach age 26.

Beginning January 1st, the dependent has options to enroll in NJDBP coverage effective January 1st:

1. COBRA
2. Chapter 375
3. Child with disabilities

Learn more on the [Chapter 375 page](#) >

### Plan Options for Dependents Turning 26

▶ COBRA

▶ Chapter 375

## How to Enroll a Chapter 375 Dependent

To enroll a child in Chapter 375 coverage, the child must first be at least age 26. If they were on coverage previously and have turned 26 during the current year, they must first wait until the end of the year they will age off (age-offs occur at the end of December).

Once the child has aged off or become eligible, go to the **I Want To... Change My Benefits > Chapter 375 page**. Follow the steps to **Enroll a Chapter 375 Dependent** on this page and click the **Change My Benefits** button.

▶ I Want To... ▶ Contact

Change My Benefits

Adding a Child

Change Plans

Drop Coverage

Waive Coverage

Add Medicare Proof

Add New Dependent

Change Address or Email

Chapter 375

▶ I Want To... ▶ Contacts ▶ Webinars



### chapter 375

#### Coverage For Child(ren) After Age 26

Chapter 375 allows SHBP/SEHBP members to cover their child(ren) age 26 to 31 in your **medical** plan. Chapter 375 dependents are not eligible for dental enrollments, however COBRA dental is available.

#### Eligibility

A Chapter 375 dependent is defined as an employee's child age 26 to 31. Your child must be either reside in New Jersey or (if living outside of NJ) be enrolled as a full-time student to be eligible for this extended coverage.

A monthly bill will be sent to you for the enrollment at the full group rate which is 100% of the premium.

#### Enroll a Chapter 375 Dependent

To enroll a child in Chapter 375 coverage, the child must first be at least age 26. If they were on coverage previously and have turned 26 during the current year, they must first wait until the end of the year they will age off (age-offs occur at the end of December). Follow these steps to add them to your coverage.

#### 1 Step 1

To enroll your child in this coverage, click on the **Change My Benefits** button and select the **Add Child Age 26 to 31 CH 375 Coverage** in the **Life Event** section.



Change My Benefits

Select **Life Event** > **Add Child Age 26 to 31 Ch 375 Coverage**.

▼ **LIFE EVENT**

Examples:  
Marriage/Divorce  
Birth/Death

**Add Child age 26 to 31 Ch 375 Coverage**

Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future

Add Medicare Information.(Enter today's date)

Next, enter the effective date. The effective date for Chapter 375 will almost always be January 1st of the following year. The only time a Chapter 375 dependent can be added, other than the first of the year, is if they experience other coverage loss (if so, proof of coverage loss must be uploaded in order for the transaction to be approved).

Add Child age 26 to 31 Ch 375 Coverage X

What date are resulting changes effective?

01/01/2023  
MM/DD/YYYY

**Based on the date entered**

- Any add or change in coverage will be effective on: **01/01/2023**
- Any coverage dropped or no longer continued will be terminated on: **12/31/2022**

Cancel **Continue**

On the next page, scroll to the bottom and click **Start Change**.

**Start Change >**

On the next page, either select **Edit** on the child who is aging off, or select **Add a New Dependent** if they were not previously added to coverage.

Your Family



Review Your Dependents

Please add/edit your dependent information.

Name	Relationship	Gender	Date of Birth	
[Redacted]	Spouse	Female	[Redacted]	<a href="#">Edit</a>
[Redacted]	Child	Female	05/05/1996	<a href="#">Edit</a>

[+ Add a New Dependent](#)

[← Back](#)
[Looks Good →](#)

If you are adding an existing dependent to Chapter 375 coverage and clicked **Edit**, change the relationship field to **CH 375 Dependent**. If you are adding a new dependent, you will also need to fill out all of the required fields in their demographic information.

Relationship: \*

First Name: \*

Middle Initial:

Last Name: \*

Child

---

Please Select One

**CH 375 Dependent**

Child

Domestic Partner/Civil Union

Foster Child

Legal Ward

Spouse

Once you are finished, click **Next**. You will return to the **Dependent Summary** page, and if everything looks correct, click **Looks Good**.

[Looks Good →](#)

On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

Review Enrollment

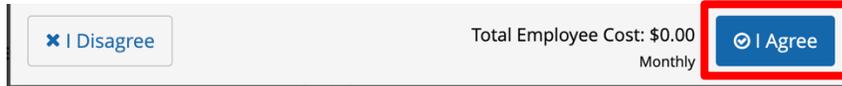


You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

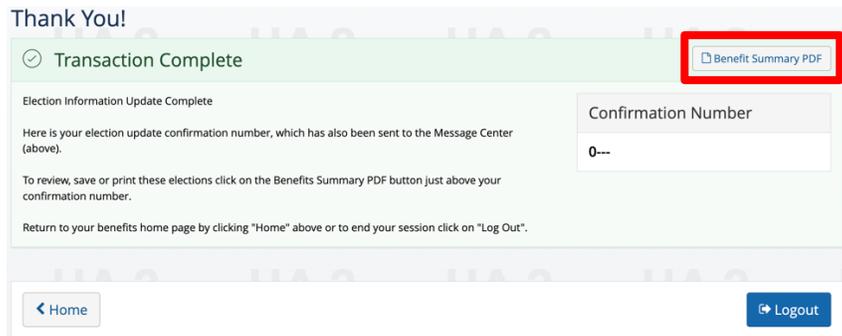
[✓ Approve](#)

Click **I Agree** to complete your changes.



A screenshot of a confirmation bar. On the left is a button labeled "I Disagree" with a red 'x' icon. In the center, it says "Total Employee Cost: \$0.00 Monthly". On the right is a blue button labeled "I Agree" with a checkmark icon, which is highlighted with a red rectangular box.

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.



A screenshot of a "Thank You!" confirmation page. At the top left, it says "Transaction Complete" with a checkmark icon. To the right of this is a button labeled "Benefit Summary PDF" with a document icon, highlighted with a red rectangular box. Below this, there is a section titled "Election Information Update Complete" with a sub-header "Confirmation Number" and a text input field containing "0---". At the bottom of the page, there are two buttons: "Home" with a left arrow and "Logout" with a right arrow.

You will need to submit documentation to verify your changes. Check your **Message Center** for any additional steps to complete your enrollment.

**Documents required for Chapter 375 coverage are:**

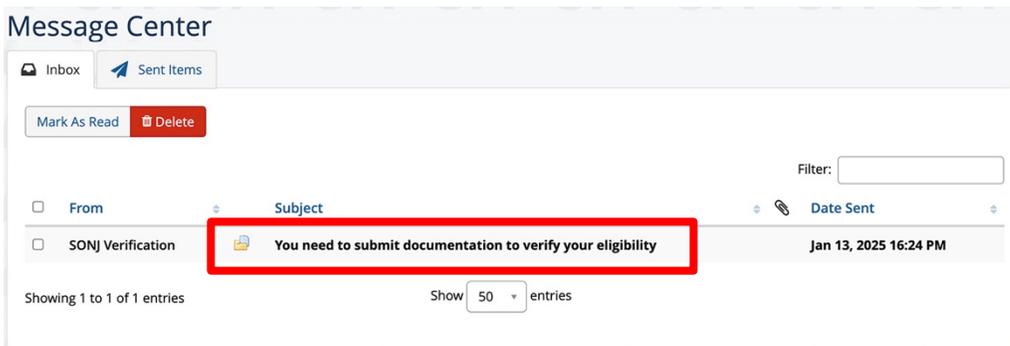
- Government issued birth certificate (if it's not already uploaded or on file).
- Federal tax return showing NJ address or NJ state tax return (to prove residency). Only submit the first page with all the financial data redacted.
- If the child is not a resident of NJ, you will need to provide college transcripts to prove enrollment in an accredited university.

## How to Upload Documents

At the top of your **Benefitsolver Home** page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your benefits under the NJ SHBP/SEHBP group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click **Upload Document** above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

### Message Center

Reply to a Message.

To  
SONJ Verification

From  
[Redacted]

Subject  
You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document. JPEG and PDF file types are preferred.

Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

Choose the **Document Type** of file you are providing, if applicable.

Upload a Document

Selected file(s) for upload: ✕



**Document Type**

- Marriage Certificate
- Divorce Decree
- Court Doc
- Domestic Partner Affidavit
- Tax Info
- Birth Certificate
- Adoption Certificate
- Legal Guardianship Doc
- Proof of loss/gain coverage
- Other Acceptable Proof

Finally, click **Send** to send the message with your files to the administrator for approval.

Add More Files?

[Choose File](#) No file chosen

Supported formats are: 'rtf', 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'bmp', 'png', 'gif'

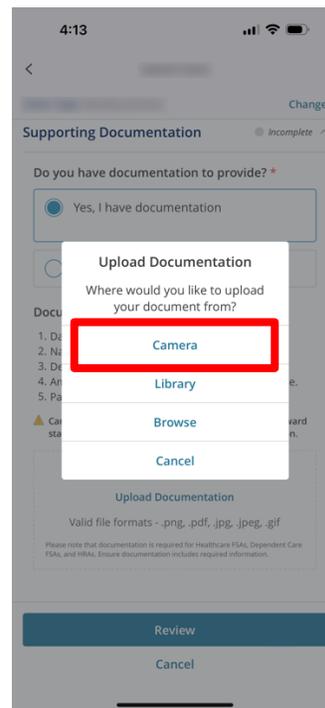
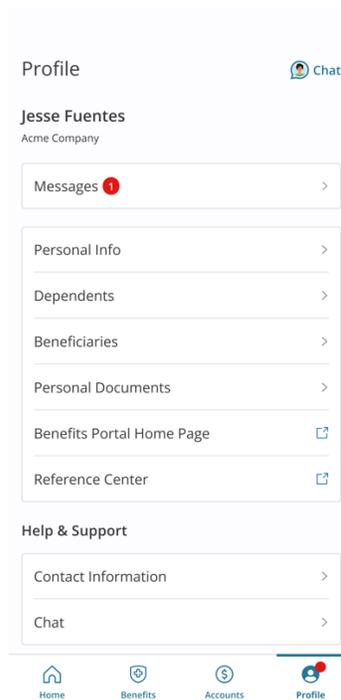
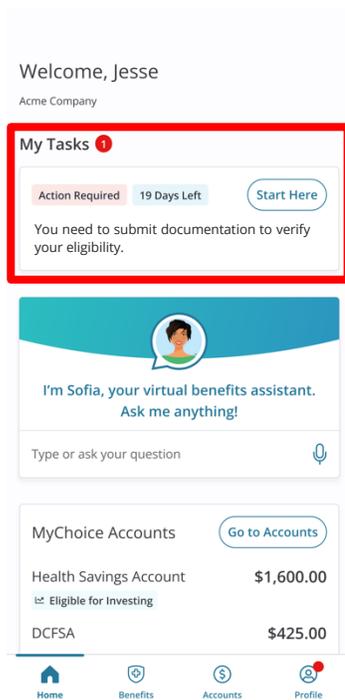
**Disclaimer:** Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

Cancel **Send**

You can also use the **MyChoice Benefits App** to load required documents.

Click **Start Here** on the **Action Required** notification on the **Home** page when you open the app. You can also find the message when you click on **Profile** in the bottom right corner, and **Messages**.

When prompted, take a photo of your required documents and submit them for review.



[Return to top of section](#)

## How to Terminate a Chapter 375 Dependent

Go to the **I Want To... Change My Benefits > Chapter 375** page. Scroll down and follow the steps for **Removing a Chapter 375 Dependent** on this page and click the **Change My Benefits** button.

▶ I Want To... ▶ Contact

### Change My Benefits

Adding a Child  
Change Plans  
Drop Coverage  
Waive Coverage  
Add Medicare Proof  
Add New Dependent  
Change Address or Email

Chapter 375

▶ I Want To... ▶ Contacts ▶ Webinars



## chapter 375

### Coverage For Child(ren) After Age 26

Chapter 375 allows SHBP/SEHBP members to cover their child(ren) age 26 to 31 in your **medical** plan.  
Chapter 375 dependents are not eligible for dental enrollments, however COBRA dental is available.

### Eligibility

A Chapter 375 dependent is defined as an employee's child age 26 to 31. Your child must be either reside in New Jersey or (if living outside of NJ) be enrolled as a full-time student to be eligible for this extended coverage.

A monthly bill will be sent to you for the enrollment at the full group rate which is 100% of the premium.

### Removing a Chapter 375 Dependent

A dependent child enrolled under Chapter 375 would age out at the end of the month that they turn 31. They would not have coverage extended to the end of the year as they would when they turned 26. Follow these steps to remove them from your coverage.

#### 1 Step 1

- Click the **Change My Benefits** button.
- Choose **Drop Ch 375 Dependent Coverage on Demand** in the **Life Event** section.
- Enter today's date and click **Continue**.
- Update address information, if necessary, and click **Continue**.



Change My Benefits

## Choose Life Event > Drop Ch 375 Dependent Coverage on Demand

▼ LIFE EVENT  
Examples:  
Marriage/Divorce  
Birth/Death

- [Add Child age 26 to 31 Ch 375 Coverage](#)
- [Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future](#)
- [Add Medicare Information \(Enter today's date\)](#)
- [Birth or Adoption](#)
- [Death of Dependent](#)
- [Dental Plan Change](#)
- [Disability Retirement Enrollment BAR](#)
- [Divorce](#)
- [Drop All Coverage on Demand-Please Enter Today's Date](#)
- [Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date](#)**
- [Gains Coverage Elsewhere](#)
- [Loses Coverage Elsewhere](#)

Enter today's date and click **Continue**.

Drop Coverage on Demand-Please Enter Today's Date ✕

What date are resulting changes effective?

MM/DD/YYYY

**Based on the date entered**

- Any add or change in coverage will be effective on: **12/03/2022**
- Any coverage dropped or no longer continued will be terminated on: **12/02/2022**

[Show Plan Exceptions](#)

Follow through the prompts, updating any address information if necessary

Address 1: \*

Address 2:

PO BOX - Enter only the numeric portion of your PO Box, if applicable.:

City: \*

State: \*

Zip Code: \*

Continue past **Medical** and Dental pages until you reach the **Chapter 375 Dependent Election Summary**, then click **Edit** next to **Plan Selected**.

### Chapter 375 Dependent Election Summary



#### Review Your Election

Enrolled in Chapter 375 Dependent? Yes	<a href="#">Edit</a>
Covered Members	<a href="#">Edit</a>
<b>Members</b>	<b>Covered</b>
	No
	No
Relationship: CH 375 Dependent Date of Birth: 01/01/1994 Effective Date: 11/01/2022	Yes
<b>Plan Selected</b>	<a href="#">Edit</a>
<b>Plan Selected</b>	CWA Unity Direct (023)
<b>Employee Cost</b>	\$345.04 State Bi-Weekly

On the following page, click **Drop Chapter 375 Dependent Coverage**.

### Chapter 375 Dependent



Covered Members Test	<a href="#">Edit</a>
-------------------------	----------------------

CWA Unity Direct (023) 

State Bi-Weekly  
Premium  
\$345.04  
Individual

[Plan Details](#)

Drop Chapter 375 Dependent Coverage

Click **Yes**.



Are you sure you want to drop this coverage?

Then click **Next**.

### Chapter 375 Dependent





If you have a dependent child who is between age 26 and 31, and either resides in New Jersey or is a full time student, you may enroll them in your medical plan at the full cost of the coverage. You will be billed separately for this coverage.

Would you like to enroll in Chapter 375 Dependent coverage?

I Want Coverage  Drop Coverage

**Why Waive Coverage**

Please Select One ▼

On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

My Security		
Plan	Coverage	Employee Cost <small>State Bi-Weekly</small>
Chapter 375 Dependent		\$0.00 <input type="button" value="Edit"/>
*Coverage Terminated <a href="#">View Details</a>		

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

Click **I Agree** to complete your changes.

<input type="button" value="✕ I Disagree"/>	Total Employee Cost: \$0.00 Monthly	<input type="button" value="I Agree"/>
---	--	--

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

Thank You!

Transaction Complete

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number
0---

[Return to top of section](#)

## COBRA

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If you need to enroll in COBRA or have any questions regarding COBRA, contact the Businessolver COBRA line at (833) 929-1101. Businessolver is the administrator for the SHBP/SEHBP COBRA population. All COBRA enrollments and payments are handled by Businessolver.

For more information about COBRA see the Fact Sheet: [COBRA - The Continuation of Health Benefits](#).

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## **Continuance of Coverage For an Over Age Disabled Child**

A child who is not capable of self-support when they reach age 26 due to a mental or physical disability may be able to remain under your retiree coverage. There cannot be any gap in coverage for an over age disabled child to remain eligible.

Coverage for children with disabilities may continue only while:

1. The parent is covered through the SHBP or SEHBP;
2. The child continues to be disabled;
3. The child is unmarried; and
4. The child remains dependent on the parent for support and maintenance.

To apply a [Continuance for Dependent with Disabilities form](#) and proof of the child's condition must be sent to the NJDPB no later than January 31st of the year following the child's 26th birthday.

For more information regarding over age children with disabilities you may contact the NJDPB Office of Client Services at (609) 292-7524 or visit the NJDPB website [www.nj.gov/treasury/pensions/hb-active-dependents.shtml](http://www.nj.gov/treasury/pensions/hb-active-dependents.shtml)

To learn more see the Fact Sheet: [Health Benefits Coverage Continuation for Over Age Children With Disabilities](#).

[Return to top of section](#)

# How to Update Your Demographic Information

[Update Address and Other Demographic Changes](#)

[Dependent Demographic Changes](#)

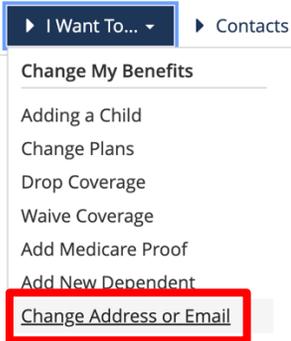
[Update Dependent SSN](#)

[Return to contents](#)

## Demographic Changes

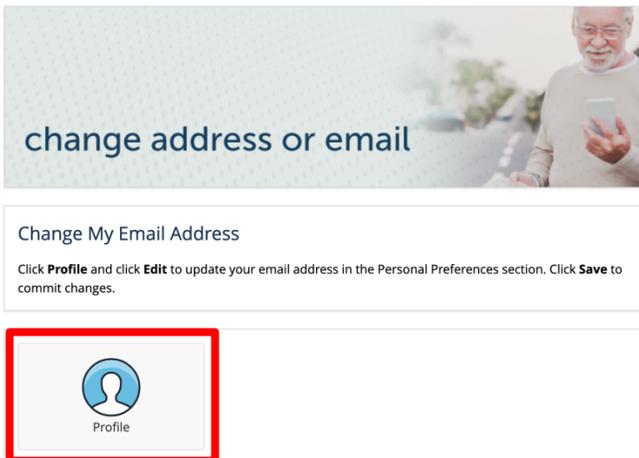
### Update Mailing Address, Phone Number, and/or Email Address:

Go to the **I Want To... Change My Benefits > Change Address or Email** page.



### Change your Email Address:

Click the **Profile** button and click the **Edit** button in the **Personal Preferences** section. Update your email address and click **Save** to finish.



## Change your Mailing Address or Phone Number:

Follow the steps on this page and click the **Change My Benefits** button.

Change My Address or Phone Number

**1** Step 1

Click the **Change My Benefits** button and choose **Address and Phone Information Change** in the **Life Event** section.



Change My Benefits

Choose **Life Event > Address and Phone Information Change**.

### ▼ BASIC INFO

Examples:  
Change of Address  
Change of Beneficiary

Address and Phone Information Change

Enter today's date and click **Continue**.

Address and Phone Information Change X

Reminder: Any resulting effective dates or termination dates will be based on the date of submission

Any resulting updates will be based on the date of submission, please enter today's date \*

(MM/DD/YYYY)

Cancel

Continue

On the next page, scroll to the bottom and click **Start Change**.

Start Change >

Enter your updated mailing address, if applicable.

Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
PO BOX - Enter only the numeric portion of your PO Box, if applicable.:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="NJ"/>
Zip Code: *	<input type="text"/>

The following page will allow you to update your email address as well as Medicare information.

Are you enrolled in Medicare? *	<input type="text" value="No"/>
Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *	
	<input type="text" value="No Medicare"/>
Personal Email Address: *	<input type="text" value="test@test.com"/>
	<input type="text" value="user@mydomain.com"/>
Confirm Personal Email Address: *	<input type="text" value="test@test.com"/>
Home Phone:	<input type="text" value="732-261-7588"/>
	<input type="text" value="555-555-1234"/>
Work Phone:	<input type="text"/>
	<input type="text" value="555-555-1234"/>

On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

✓ Approve

Click **I Agree** to complete your changes.

<input type="button" value="✕ I Disagree"/>	Total Employee Cost: \$0.00 Monthly	<input type="button" value="I Agree"/>
---	--	--

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

Thank You!

Transaction Complete

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

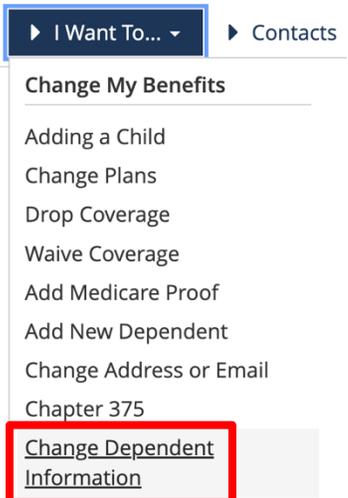
Confirmation Number  
0---

[Return to top of section](#)

# Dependent Demographic Changes

## Update Dependent's Demographic Information:

Go to the **I Want To... Change My Benefits > Change Dependent Information** page. Follow the steps on the page and click the **Change My Benefits** button.



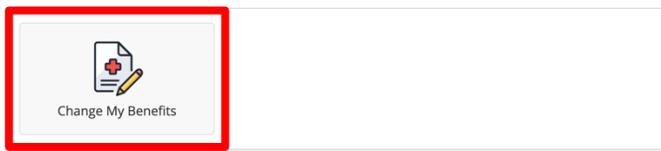
I Want To... ▾    ▸ Contacts

- Change My Benefits
- Adding a Child
- Change Plans
- Drop Coverage
- Waive Coverage
- Add Medicare Proof
- Add New Dependent
- Change Address or Email
- Chapter 375
- Change Dependent Information**



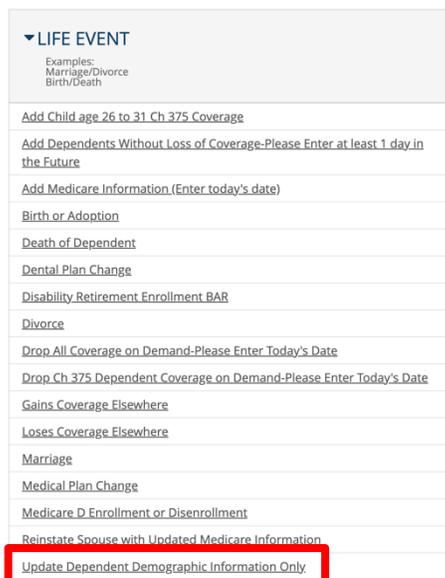
change dependent information

**1** Step 1  
Click the **Change My Benefits** button and choose **Update Dependent Demographic Information Only** in the **Life Event** section.



Change My Benefits

Then choose **Life Event > Update Dependent Demographic Information Only**.



▼ LIFE EVENT  
Examples: Marriage/Divorce, Birth/Death

- Add Child age 26 to 31 Ch 375 Coverage
- Add Dependents Without Loss of Coverage-Please Enter at least 1 day in the Future
- Add Medicare Information (Enter today's date)
- Birth or Adoption
- Death of Dependent
- Dental Plan Change
- Disability Retirement Enrollment BAR
- Divorce
- Drop All Coverage on Demand-Please Enter Today's Date
- Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date
- Gains Coverage Elsewhere
- Loses Coverage Elsewhere
- Marriage
- Medical Plan Change
- Medicare D Enrollment or Disenrollment
- Reinstate Spouse with Updated Medicare Information
- Update Dependent Demographic Information Only**

Then enter today's date and click **Continue**.

### Update Dependent Demographic Information Only X

Reminder: Any resulting effective dates or termination dates will be based on the date of submission

What date are resulting changes effective? \*



(MM/DD/YYYY)

Cancel

Continue

On the next page, scroll to the bottom and click **Start Change**.

Start Change >

Then click **Edit** next to the dependent you'd like to modify.

Name	Relationship	Gender	Date of Birth	
------	--------------	--------	---------------	--

[REDACTED]	Spouse	Female	[REDACTED]	<a href="#">Edit</a>
------------	--------	--------	------------	----------------------

On the next page, update any demographic information needed.

Address 1: \*

Address 2:

PO BOX - Enter only the numeric portion of your PO Box, if applicable.:

City: \*

State: \*

Zip Code: \*

Once you are finished, click **Next**. You will return to the **Dependent Summary** page, and if everything looks correct, click **Looks Good**.

Looks Good >

Then enter any necessary Medicare information and click **Next**.



### Your Information

Are you enrolled in Medicare? \*

No

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. \*

No Medicare

Personal Email Address: \*  
test@test.com  
user@mydomain.com

Confirm Personal Email Address: \*  
test@test.com

Home Phone:  
555-555-1234

Work Phone:  
555-555-1234

On the **Review Enrollment** page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

### Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.



Click **I Agree** to complete your changes.

Total Employee Cost: \$0.00 Monthly

You will receive your **Confirmation Number** when your changes are complete. Click the **Benefit Summary** button to print or save a copy for your records.

Thank You!

Transaction Complete [Benefit Summary PDF](#)

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number  
0---

[← Home](#) [Logout](#)

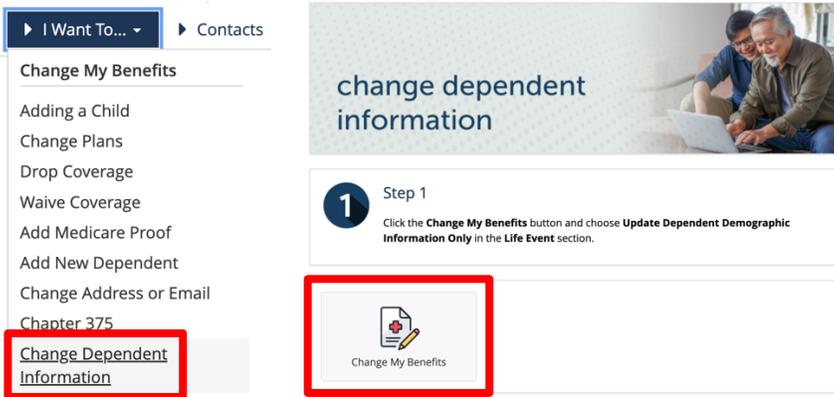
[Return to top of section](#)

# Update SSN or ITIN for Dependent

## Update SSN or ITIN for Dependent:

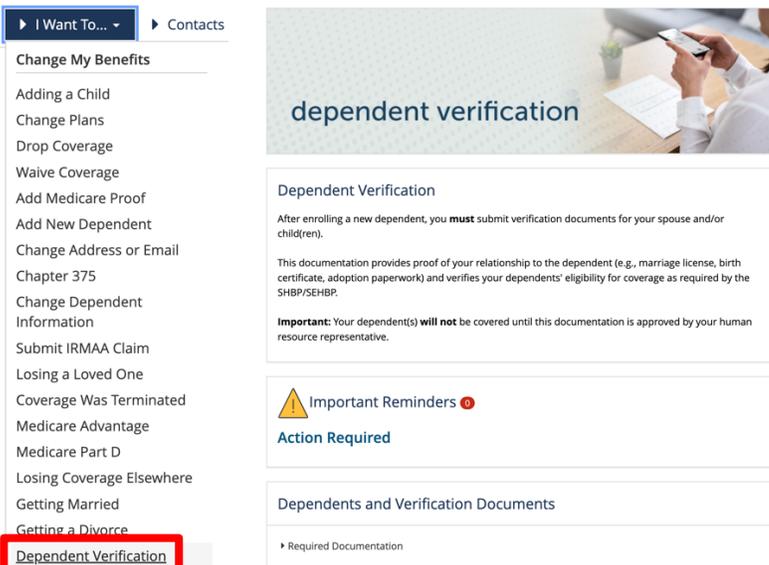
You can update your dependents' Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) by using the **Update Dependent Demographic Information Only** action.

Go to the **I Want To... Change My Benefits > Change Dependent Information** page. Follow the steps on the page and click the **Change My Benefits** button.



If a Social Security number is being updated, you must upload a copy of your dependent's Social Security card into **Benefitsolver** so that the NJDPB staff can approve the transaction.

Find information about submitting documentation on the **I Want To... Change My Benefits > Dependent Verification** page.



# Medicare Advantage (MA)

## Medicare Advantage (MA) and Outside MA Plans

If you are enrolled in a SHBP/SEHBP Medicare Advantage (MA) plan and then you sign-up for an outside MA plan, you will be bumped out of your SHBP/SEHBP MA plan.

If this has happened to you, and you wish to be re-enrolled into the SHBP/SEHBP MA plan, you must send proof of your disenrollment to the NJDPB. The disenrollment letter must include the date that you were terminated from the other MA plan.

**Note:** If you and/or your spouse are enrolled in a MA plan, the MA plan is primary and there is no coordination of benefits with Medicare supplemental plans.

Go to the **I Want To... Change My Benefits > Medicare Advantage** page.

► I Want To... ▾    ► Contacts

Change My Benefits

- Adding a Child
- Change Plans
- Drop Coverage
- Waive Coverage
- Add Medicare Proof
- Add New Dependent
- Change Address or Email
- Chapter 375
- Change Dependent Information
- Submit IRMAA Claim
- Losing a Loved One
- Coverage Was Terminated
- Medicare Advantage**



### Medicare Advantage (MA) and Outside MA Plans

If you are enrolled in a SHBP/SEHBP Medicare Advantage (MA) plan and then you sign-up for an outside MA plan, you will be bumped out of your SHBP/SEHBP MA plan.

If this has happened to you, and you wish to be re-enrolled into the SHBP/SEHBP MA plan, you must send proof of your disenrollment to the NJDPB. The disenrollment letter must include the date that you were terminated from the other MA plan.

**Note:** If you and/or your spouse are enrolled in a MA plan, the MA plan is primary and there is no coordination of benefits with Medicare supplemental plans.

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# Medicare Part D

## SHBP/SEHBP Medicare Part D Plans

Retirees and their spouse/partner who are enrolled in a SHBP/SEHBP prescription drug plan will automatically be converted to the corresponding SHBP/SEHBP Medicare Part D prescription drug plan once they are enrolled in Medicare Parts A and B. The retiree and/or their spouse/partner will receive a new Medicare Part D prescription drug ID card in the mail. Any non-Medicare eligible members and dependent children will remain enrolled in their existing prescription drug plan and would continue to use their existing ID cards to fill their prescriptions.

No action is required on your part to convert from the retiree prescription drug plan to the Medicare Part D plan. Members enrolled in a SHBP/SEHBP Medicare Part D plan cannot enroll in another outside Medicare Part D plan or they will get bumped out of the SHBP/SEHBP Medicare Part D plan.

## If You Enroll in an Outside Medicare Part D Plan

Depending on which medical plan you are enrolled in, you might also be disenrolled from your medical plan when you enroll in an outside Medicare Part D plan.

If you are enrolled in a SHBP/SEHBP supplemental medical plan (plan is secondary to traditional Medicare) and you then enroll in an outside Medicare Part D plan, **only** your SHBP/SEHBP Medicare Part D plan will be terminated and you will remain enrolled in your existing supplemental medical plan.

If you are enrolled in a SHBP/SEHBP MA Medical plan and you then enroll in an outside Medicare Part D plan then you might be disenrolled from your MA plan.

- If the other drug plan is also a group Medicare Part D plan then you will remain enrolled in your existing MA plan and you will only be disenrolled from the SHBP/SEHBP Medicare Part D plan.
- If the other drug plan is an individual private Medicare Part D plan then you will be disenrolled from **both** your MA plan and the SHBP/SEHBP Medicare Part D plan.

If later you terminate your outside Medicare Part D plan and you wish to be re-enrolled into the SHBP/SEHBP Medicare Part D plan you must send proof of your disenrollment to the NJDPB. The disenrollment letter must include the date that you were terminated from the other Medicare Part D plan.

Learn more on the **I Want To... Change My Benefits > Medicare Part D** page.

- ▶ I Want To... ▾
- ▶ Contacts
- Change My Benefits
- Adding a Child
- Change Plans
- Drop Coverage
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- Losing a Loved One
- Coverage Was Terminated
- Medicare Advantage
- Medicare Part D**



### SHBP/SEHBP Medicare Part D Plans

Retirees and their spouse/partner who are enrolled in a SHBP/SEHBP prescription drug plan will automatically be converted to the corresponding SHBP/SEHBP Medicare Part D prescription drug plan once they are enrolled in Medicare Parts A and B. The retiree and/or their spouse/partner will receive a new Medicare Part D prescription drug ID card in the mail. Any non-Medicare eligible members and dependent children will remain enrolled in their existing prescription drug plan and would continue to use their existing ID cards to fill their prescriptions.

No action is required on your part to convert from the retiree prescription drug plan to the Medicare Part D plan. Members enrolled in a SHBP/SEHBP Med D plan cannot enroll in another outside Med D plan or they will get bumped out of the SHBP/SEHBP Med D plan.

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# Other Topics

You will no longer be able to see your employee benefits information in **Benefitsolver** once you can view your retiree benefits information - even if you are still currently working and have not yet terminated employment. Contact your Human Resources department if you need to make any changes to your active employee benefits during the transition period when you are going from employee status to retiree status.

The NJDPB Office of Client Services staff have **Administrator** access in **Benefitsolver**. They can view your enrollment as an Administrator, but they cannot see the same screens that you see when you access **Benefitsolver** as a member. The NJDPB staff cannot log into your member account.

## Reasons a New Retiree May Not Be Able to Enroll in Health Coverage:

In certain limited instances, the only way for you to be enrolled in coverage would be for the NJDPB staff to process the enrollment on your behalf. Some examples where this may be necessary are:

- If you were auto-enrolled and changed your retirement date, your coverage effective dates may have to be updated by NJDPB staff.
- You missed your initial new retiree enrollment window. You must provide the extenuating circumstances explaining why you had missed your enrollment window. The NJDPB will review these appeals on a case by case basis.
- If you are a new retiree and do not see the Retiree Enrollment banner to select your benefits.

If you need to be manually enrolled for any of these reasons, please reach out to the NJDPB Office of Client Services at (609) 292-7524.

## Reasons Your Coverage May Have Been Terminated:

**CANCELLED RETIREMENT** – You apply for retirement and enroll in retired health benefits, but later cancel your retirement.

**DEATH - SURVIVOR RIGHTS** – When a retiree dies, the system automatically terminates their benefits. If there is a surviving spouse on your benefits, the spouse will automatically be set up with survivor eligibility in SHIPS.

**CHANGE EMPLOYER ID** – We may need to manually terminate retiree coverage due to you being enrolled under the wrong location. In this case, we are only terminating your coverage to set up coverage again under the correct location.

**EMPLOYER TERM** – When a ‘Local Government’ employer terminates their participation in SHBP/SEHBP, this will cause all of their retirees/employees to lose coverage (as the employer is the one paying for their benefits in this scenario). Locations participating in Chapter 330, retired teachers who have free health benefits, and retirees over age 65 will not be terminated and can remain on retiree coverage in the event of an employer termination.

**NON-PAYMENT** – If a retiree has not made payments toward their health benefits, their benefits may be terminated automatically.

**RETURN TO EMPLOYMENT** – Once you forfeit your pension check, due to return to employment provisions, you are no longer eligible for retiree health benefits. Your retiree health benefits terminate because you have returned to employment.

**SUSPENSE** – Members can be terminated for criminal charges, fraud, jail, other criminal activity, etc.

**NO FULL MEDICARE** – Your coverage may be terminated if your account lacks sufficient proof of Medicare enrollment once you become eligible.

**DISABILITY DENIED** – This termination scenario is when you have applied for disability retirement and have already enrolled in health benefits. If you are then denied disability retirement, you are retroactively disenrolled in retiree health benefits.

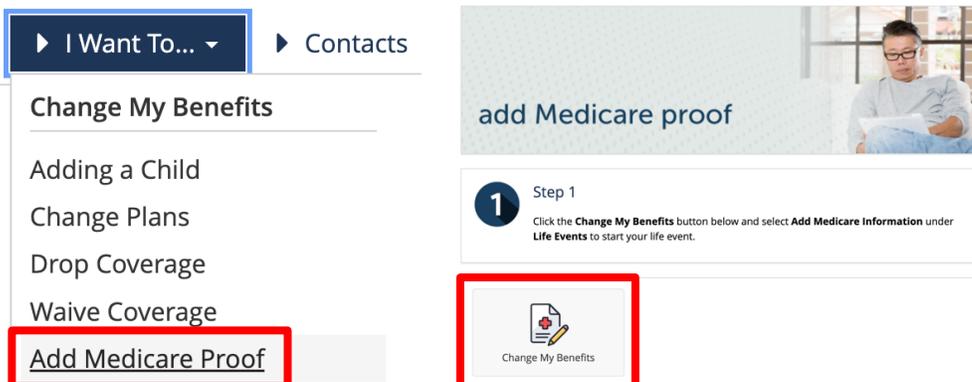
**EMPLOYER TERM W/ COBRA BENEFITS** – When a location disbands entirely (usually charter schools, sometimes fire districts); we terminate all retirees who are not Chapter 375 or Educators with free health benefits. They are then offered COBRA.

**INDIVIDUAL PRIVATE MED D PLAN** – If you are enrolled in a MA plan and then enroll in an individual private Medicare Part D plan you will be disenrolled from both your SHBP/SEHBP MA medical plan and your SHBP/SEHBP Medicare Part D plan.

### If You Were Terminated Due to No Medicare Proof:

If proof of Medicare enrollment has not been entered into **Benefitsolver** you will be automatically terminated from coverage. Once you have been terminated, you must contact the NJDPB Office of Client Services to be reinstated. All reinstatements are processed prospectively and may result in a gap in coverage. You would be responsible for any claims incurred due to termination for no Medicare proof.

Go to the **I Want To... Change My Benefits > Add Medicare Proof** page and follow the steps on the page to add your Medicare information.



The screenshot shows the 'I Want To...' dropdown menu with 'Add Medicare Proof' selected and highlighted with a red box. The main content area shows the 'add Medicare proof' section with a 'Step 1' instruction: 'Click the Change My Benefits button below and select Add Medicare Information under Life Events to start your life event.' Below this, a 'Change My Benefits' button with a document icon is also highlighted with a red box.

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# Benefit Action Rules (BAR) Index

## [Retiree Enrollment Process \(Non-Medicare\)](#)

**Function:** To enroll a new retiree who is not yet eligible for Medicare into retired health benefits.

**Timeframe:** The member will be able to enroll as early as 60 days prior to and as late as 60 days after the retired health benefits effective date. Once the member submits the transaction, they will have 60 days from the date of submission to upload their dependent verification documents.

## [Retiree Enrollment Process \(Medicare\)](#)

**Function:** To enroll a new retiree who is currently eligible for Medicare into retired health benefits.

**Timeframe:** The member will be able to enroll as early as 60 days prior to and as late as 60 days after the retired health benefits effective date. Once the member submits the transaction, they will have 60 days from the date of submission to upload their dependent verification documents.

## [Plan Change – Medical and Rx](#)

**Function:** To allow a retiree to change their Medical and Rx plan at any time, provided they have been enrolled in their current plan for at least 12 months.

**Timeframe:** The coverage will be effective as of the first of the following month. The member must have been enrolled in their current plan for more than 12 months or the transaction will be rejected.

## [Plan Change – Dental](#)

**Function:** To allow a retiree to change their Dental plan at any time, provided they have been enrolled in their current plan for at least 12 months.

**Timeframe:** The coverage will be effective as of the first of the following month. The member must have been enrolled in their current plan for more than 12 months or the transaction will be rejected.

## [Plan Change – Both Medical and Dental](#)

**Note:** There is no action to change Medical and Dental simultaneously. Members must submit the Medical plan change and the Dental plan change separately.

## [Add Medicare Proof of Enrollment for New Spouse](#)

**Function:** To update Medicare proof of enrollment information in **Benefitsolver**.

## [Marriage](#)

**Function:** To add a recently married spouse.

**Timeframe:** The transaction must be submitted within 60 days of the date of the Marriage. Once the transaction is submitted, the member will have 60 days from the transaction date to upload the Marriage Certificate. The spouse will be added retroactively to the actual date of marriage.

### **Birth**

**Function:** To add a newborn child.

**Timeframe:** The transaction must be submitted within 60 days of the birth of the child. Once the transaction is submitted, the child will be added to coverage before documentation is uploaded. The member will have up to 12 months to submit the Birth Certificate and the child's Social Security Card. If no documentation is uploaded before the end of the 12-month period, the child will be retroactively removed.

### **Member Enrollment With No Coverage Loss Event (60-day Wait)**

**Function:** To enroll in previously waived retired coverage without any evidence of disenrollment from another employer group plan.

**Timeframe:** Coverage will be effective the first of the month following a 60-day waiting period. The member will have up to 60 days from the date they submitted the transaction to upload any dependent verification documents.

### **Add Dependents With No Coverage Loss Event (60-day Wait)**

**Function:** To add dependents without any evidence of disenrollment from another employer group plan.

**Timeframe:** Coverage will be effective the first of the month following a 60-day waiting period. The member will have up to 60 days from the date they submitted the transaction to upload dependent verification documents.

### **Enroll With Coverage Loss Event (Within 60 Days)**

**Function:** To enroll in retired health benefits following the loss of coverage from another employer group plan.

**Timeframe:** Coverage will be effective the day exactly after the member has lost coverage from the other employer group plan. The transaction must be submitted within 60 days of the initial coverage loss. The member will have 60 days from the date they submitted the transaction to upload proof of coverage loss as well as any required dependent verification documents.

### Add Dependent With Coverage Loss Event (Within 60 Days)

**Function:** To enroll a dependent in retired coverage following the loss of coverage from another employer group plan.

**Timeframe:** Coverage will be effective the day exactly after the dependent has lost coverage from the other employer group plan. The transaction must be submitted within 60 days of the initial coverage loss. The member will have 60 days from the date they submitted the transaction to upload proof of coverage loss as well as any required dependent verification documents.

### Demographic Changes

**Function:** To update address, phone numbers and other general demographic information.

### Dependent Demographic Changes

**Function:** To update a dependent's address, phone number and other general demographic information.

### Update Dependent SSN

**Function:** To correct an error in a dependent's Social Security number. A copy of the dependent's Social Security card must be uploaded for the NJDPB to approve the transaction.

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