

## **Health Benefits Enrollment Forms – *Important information for completing form***

Top of form – check off New Enrollment, Waiver or Change (if change - you must check off the reason & submit proof of change)

Complete ALL employee information

---

New enrollment with dependents – must include ALL information for all dependents on form...Name, Sex, SSN, & DOB

***\*Copies of marriage certificate for spouse and birth certificates for all children being enrolled are required***

*The boxes in the Important Provisions box on page 1 are for waiving coverage only. \*\*Only check off a box if you are waiving coverage\*\**

Choose the level of coverage for medical, dental, and/or vision you are electing – Employee, Employee/Spouse, Employee/Children, or Family. You must choose only 1 medical and 1 dental plan.

Choice of Medical/Rx plans – NJEHP or GSHP – details of each plan are in the Benefits Guide

Choice of Dental plans – HMO or PPO – details of each plan are in the Benefits Guide

Either select a level of coverage and calculate premium or select the waiver box for each. Each plan must have 1 box checked. N/C or N/A stands for No Change or Not Applicable.

All pages of the form must be completed and returned. Print your name, sign and date the last page

---

Waivers – MUST be submitted every year with proof of insurance to receive reimbursement

If you are waiving coverage – you must also complete the form with ALL of the employee info required. If you are eligible to waive coverage for dependents – you must complete ALL of the required information on the form - Name, Sex, SSN, & DOB.

Check off the appropriate level of coverage you are waiving on page 1 in the important provisions box – Single, EE/Sp, EE/Child/ren, Family. Check off the waiver boxes for each of the plans that you are waiving.

All pages of the form must be completed and returned. Print your name, sign and date the last page

***A copy of your current insurance card (front & back) is required as proof of insurance every year along with the form.***

Waiver reimbursements -	Full-Time	Part-time (50%)
Single	\$1,500	\$750
Employee/Spouse	\$3,500	\$1,750
Employee/Children	\$2,500	\$1,250
Family	\$4,000	\$2,000

*\*\*These amounts for waiver reimbursements are paid in 2 equal payments Dec 15<sup>th</sup> and June 15<sup>th</sup>*

*\*\*If the waiver is not received every year, you will not receive reimbursement.*

*\*\*Waiver amounts will be prorated based on your eligibility date*

---

***\*Any young children who were not originally enrolled on the dental plan at birth can only be enrolled during open enrollment\****

***\*\*Qualifying life event changes throughout the year must be made within 30 days of the event\*\****

***\*\*\*All deadlines must be adhered to in order to guarantee coverage and waivers\*\*\****