

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

Top of form – check off New Enrollment, Waiver and/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***

Choose the level of coverage for each plan - 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 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. The formula is on the worksheet for your reference if you wish to calculate what your contributions would be.

Waivers – MUST be submitted every school 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 the required information for dependents on the form - Name, Sex, & DOB. SSN is not required for dependents if waiving coverage.

Check off the appropriate level of coverage you are waiving – Single, EE/Sp, EE/Child/ren, Family. Check off the waiver boxes for each of the plans that you are waiving.

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

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

F/T = more than 30 hours per week

P/T = 19 ¾ - 29 ¾ hours per week

Less than 19 ¾ hours per week = not eligible

***These amounts for waiver reimbursements are paid in 2 equal payments Dec 15th and June 15th*

***If the waiver is not received every school 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 and/or vision plans 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 qualify for coverage and waivers******

OPEN ENROLLMENT is every school year in May/June for a July 1st effective date.