

[Carrier Logo][Carrier Name]
**HINT Supplemental Enrollment Information Form Implementing
P.L. 2005, c. 375 as amended by P.L. 2008, c. 38**

A. Group & Employee Information

Group Name: _____

Group Number: _____

Employee Name: _____

Employee ID Number: _____

B. Type of Activity (see Important Explanatory Information below)

Date of Event Change – Check all that apply

__/__/__ Add dependent over the limiting age, but less than 31

__/__/__ Remove dependent over the limiting age, but less than 31

Reason(s):

__/__/__ Continuation of Coverage pursuant to the Dependent Under 31 Law

Coverage is being effected:

Within 30 days prior to attainment of limiting age

During continuous open enrollment with proof of prior
creditable coverage or receipt of benefits (see C. below)

Billing: Employee payroll deduction (w/ employer consent)

Direct bill dependent (add billing address):

C. Over-age Dependent Information

Name (last, first, MI): _____ Sex: M F

Birthdate: (MM, DD, YY) __/__/__ SSN: _____

Other Health Coverage: Yes No

Other Rx Drug Coverage: Yes No

Primary Ofc NPI#: _____

Ob/Gyn Ofc NPI#: _____

Primary Ofc Address [or LOC #]:

Ob/Gyn Ofc Address [or LOC#]:

Current Patient: Yes No

Current Patient: Yes No N/A

Previous Coverage: Yes No

If yes, provide the following information AND submit a copy of the certificate of Creditable Coverage that was issued by the previous carrier, if available, OR other evidence of receipt of benefits:

Effective date of prior coverage: ___/___/___

Termination date of prior coverage: ___/___/___

Name of carrier, self-funded employer/employee organization or government program:

Prior plan number or ID number: _____

D. Signature

Employee

Dependent

Date

Date

Employer Consent to Payroll Deduction: Yes No

Name & Title

Date

IMPORTANT INFORMATION FOR THE DEPENDENT UNDER 31 ELECTION

A young adult may request to continue *or newly enroll* as an over-age dependent on his or her parent's coverage after reaching the limiting age under the terms of the policy if the young adult:

- ✓ is not yet 31 years old;
- ✓ is unmarried;
- ✓ has no children;
- ✓ lives in New Jersey or, if not a New Jersey resident, is a full-time student at an accredited institution of higher education;
- ✓ is not eligible for Medicare and would not actually be covered under another group or individual health plan when coverage would become effective; and
- ✓ has proof of prior creditable coverage or receipt of benefits.

A young adult may make the request to continue *or newly enroll* as an over-age dependent on his or her parent's coverage either:

- ✓ within 30 days prior to reaching the limiting age, if the young adult is covered under the parent's policy already; or
- ✓ at any time after reaching the limiting age of the parent's policy, and otherwise meeting the eligibility requirements for the Dependent Under 31 election.