

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — HEALTH BENEFITS SECTION

P.O. Box 295, Trenton, NJ 08625-0295

P.L. 1999, c. 48 (CHAPTER 48) — EMPLOYER CERTIFICATION FOR HEALTH BENEFITS

To be completed by the employing agency's Certifying Officer.

Retiree's Name	Social Security Number
Employer Name	Employer Number
PART 1 — ELIGIBILITY	
 □ Retiree is not eligible for employer paid health benefits under the provisions of Chapter 48; OR □ I certify that the above-stated retiree has the required months of service with this employer and meets any other criteria specified for the benefits under the provisions of Chapter 48 which are indicated below. Is retiree eligible under the provisions of P.L. 2011, c. 78 (Chapter 78)? □ Yes □ No 	
PART 2 — HEALTH BENEFITS	
Percent % or flat amount \$	y employer for any coverage level (S, M/S/CU, DP, F, P/C); OR _paid monthly by employer for health benefits for member; AND/OR _ paid monthly by employer for health benefits for dependents.
PART 3 — LIMITATIONS (if none indicated, benefits apply as long as employer participates in the SHBP)	
If employer-paid benefits in retirement are for a specified limited time, employer payment of health benefits will terminate upon: Retiree attains age OR Time limit of months (please convert years to months); OR Specified date that health benefits will terminate / /	
PART 4 — SURVIVING SPOUSE OR PARTNER* BENEFITS	
Employer-Paid Surviving Spouse or Partner Coverage Yes No If Yes, will health benefits for the surviving spouse or partner be the same as the member? Yes No If No, please contact our Office of Client Services, (609) 292-7524, to request another form for survivors.	
PART 5 — CERTIFICATION	
Print Certifying Officer Name	
Time contrying cance. Name	ognature Euro
Phone Number	Email Address
*Retirees of SHBP-participating local employers that have adopted a resolution to cover domestic partners are eligible to cover same-sex domestic partners. Retirees of all employers are eligible to cover same-sex civil union partners.	
Note: Retirees required to pay a premium share is large enough.	e will have the payments taken from their monthly pension check, provided the check
Please return this form to:	State Health Benefits Program

State Health Benefits Program Retired Health Benefits Section P.O. Box 299 Trenton, NJ 08625-0299 Or Fax To: (609) 341-3407