



Dependent Eligibility Definitions

Required Documentation

Dependents	Eligibility Definition	Documentation Required
Spouse	<p>A member of the opposite sex to whom you are legally married.</p> <p>Please note: The State of New Jersey does not recognize common law marriages.</p>	<ul style="list-style-type: none"> ➤ A copy of marriage certificate <p>AND</p> <ul style="list-style-type: none"> ➤ A copy of the front page of the employees' most recently filed federal tax return that includes your spouse (you may black out all financial information and all but the last 4 digits of your social security number). If filing separately, submit a copy of both spouses' tax returns.
Civil Union Partner	<p>A person of the same sex with whom you have entered into a civil union.</p>	<ul style="list-style-type: none"> ➤ A copy of the New Jersey Civil Union Certificate OR a Valid certification from another jurisdiction that recognizes same-sex civil unions <p>AND</p> <ul style="list-style-type: none"> ➤ A copy of the front page of the employee's most recently filed NJ tax return that includes your partner (you may black out all financial information and all but the last 4 digits of your Social Security number) <p>OR</p> <ul style="list-style-type: none"> ➤ A copy of a recent (within 90 days of this letter) bank statement or bill that includes the names of both partners at the same address.
Domestic Partner (DP) – Same sex only	<p>A person of the same sex with whom you have entered into a domestic partnership as defined under Chapter 246, P.L. 2003, the Domestic Partnership Act. The domestic partner of any State employee, State retiree, or any eligible employee or retiree of a SHBP / SEHBP participating local public entity, who adopts a resolution to provide Chapter 246 health benefits, is eligible for coverage.</p>	<ul style="list-style-type: none"> ➤ A copy of the New Jersey Certificate of Domestic Partnership dated prior to February 19, 2007 OR a valid certification from another State or foreign jurisdiction that recognizes same-sex domestic partners) AND ➤ A copy of the front page of the employee's most recently filed NJ tax return that includes your partner (you may black out all financial information and all but the last 4 digits of your Social Security number) <p>OR</p> <ul style="list-style-type: none"> ➤ A copy of a recent (within 90 days of this letter) bank statement or bill that includes the names of both partners at the same address.

Contact the Dependent Eligibility Verification Service Center at 1-866-641-5651, code 2638
 Si usted necesita esta información en español o otra asistencia, por favor póngase en contacto con 1-866-641-5651, code 2638.



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<p>Children</p>	<p>Refers to your unmarried children under age 23* who:</p> <ul style="list-style-type: none"> ➤ Live with you in a regular parent-child relationship; ➤ Are away at school; or ➤ Are divorced children living at home provided that they are dependent upon you for support and maintenance <p>If you are a single parent, divorced, or legally separated, your children who do not live with you are eligible if you are legally required to support those children. Stepchildren, foster children, legally adopted children, and children in a guardian-ward relationship are also eligible provided they live with you, are under the age of 23* and are substantially dependent upon you for support and maintenance.</p> <p>* Unmarried children are eligible for coverage until the end of the year in which they turn 23.</p>	<ul style="list-style-type: none"> ➤ Natural Child – A copy of birth certificate showing employee's name ➤ Step Child – A copy of birth certificate showing employee's spouse/partner's name; AND a copy of marriage certificate showing the employee and parent's name ➤ Legal Guardian, Adoption, Grandchild(ren) or Foster Child(ren), Photocopy of Affidavits of Dependency, Final Court Order with presiding judge's signature and seal OR Adoption Final Decree with presiding judge's signature and seal <p>AND</p> <ul style="list-style-type: none"> ➤ Along with the documentation listed above, a copy of the front page of the employee's most recently filed federal tax return that includes your children (you may black out all financial information and all but the last 4 digits of your Social Security number)
<p>Dependent Children with Disabilities</p>	<p>If a covered child is not capable of self-support when he or she reaches age 23 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children (as defined above under "Children") with disabilities may continue only while (1) you are covered through the SHBP / SEHBP, AND (2) the child continues to be disabled, AND (3) the child is unmarried or does not enter into a civil union or domestic partnership, AND (4) the child remains substantially dependent on you for support and maintenance. You will be contacted periodically to verify that the child remains eligible for continued coverage.</p>	<ul style="list-style-type: none"> ➤ Documentation as noted for the "Child" dependent type above AND ➤ If a Social Security disability has been awarded, or is currently pending, please include this information in the documentation submitted <p>Please note that this audit is only verifying the child's eligibility as a dependent. Your health carrier determines the disability status of the child.</p>

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<p>Continued Coverage for Over Age Children</p>	<p>Certain dependent children may be eligible for continued coverage under the provisions of Chapter 375, P.L. 2005.</p> <p>This includes a child by blood or law who:</p> <ul style="list-style-type: none"> ➤ is under the age of 31; ➤ is unmarried or not a partner in a civil union or domestic partnership; ➤ has no dependent(s) of his or her own; ➤ is a resident of New Jersey or is a student at an accredited public or private institution of higher education, with at least 15 credit hours; and ➤ is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Medicare. 	<ul style="list-style-type: none"> ➤ Documentation as noted for the "Child" dependent type above <p>AND</p> <ul style="list-style-type: none"> ➤ A copy of the front page of the employee's most recently filed federal tax return that includes this child (you may black out all financial information and all but the last 4 digits of your Social Security number) <p>OR</p> <ul style="list-style-type: none"> ➤ If the coverage child is not listed on the employee's tax return, a copy of child's most recently filed tax return is required (you may black out all financial information and all but the last 4 digits of your Social Security number) <p>AND</p> <ul style="list-style-type: none"> ➤ If the child resides outside of the State of New Jersey, documentation of full time student status must be received.

If you need to obtain copies of the above necessary documentation, you may contact the office of the Town Clerk in the city of birth, marriage, etc., or visit these Web sites: www.vitalchek.com or www.vitalrec.com, www.degreeverify.org or www.studentclearinghouse.org or www.cdc.gov/nchs/w2w.htm.

Residents of New Jersey also have the option of obtaining records from the State Bureau of Vital Statistics and Registration Web site: www.state.nj.us/health/vital/index.shtml

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Frequently Asked Questions

Q: Why are you asking me to verify my dependents?

A: To ensure plan compliance with New Jersey law, we must guarantee consistent application of eligibility requirements within the health, prescription drug and dental plans. Additionally, ineligible dependents that are using our plans create higher costs for those who are eligible. We realize that, in the majority of situations, the ineligible dependents are covered due to an oversight. For example, you may not have updated your benefit information following a divorce, or you may have a child who was previously eligible but now exceeds the age limit. Regardless of the circumstances, we are conducting a Dependent Eligibility Verification Audit to bring our dependent information up to date and monitor it going forward.

Q: Which dependent types must be verified?

A: All eligible dependent types (Spouses, Children, Civil Union Partners, Domestic Partners, Disabled Dependents and Continued Coverage for Overage Children) must be verified to maintain coverage for these dependents.

Q: Why is the State conducting the audit now?

A: The State has a fiduciary responsibility to ensure that only eligible dependents receive benefits under the SHBP/SEHBP. In the past, periodic reviews of dependent eligibility have been conducted for randomly-selected members but staffing constraints had limited the scope of these audits. Subsequently, a recent audit of the SHBP/SEHBP by the Office of Legislative Services recommended that the Division of Pensions and Benefits require documentation supporting the eligibility of dependents covered under the SHBP/SEHBP. Therefore, we are conducting the audit to bring our dependent information up-to-date and to ensure that only dependents who meet the SHBP/SEHBP eligibility requirements are covered.

Q: Why was Aon Consulting selected to assist with the audit?

A: Aon Consulting is currently the health benefits consultant to the SHBP/SEHBP. There are a number of services Aon provides to the SHBP/SEHBP, one of which is conducting a variety of audits.

Q: What do I have to do now?

A: Read the enclosed information and complete the *Required Affidavit Signature Form*, providing required documentation, in its entirety, including phone number and dependent relationship. You must also sign and date the *Required Affidavit Signature Form* for it to be valid. This *Required Affidavit Signature Form* is a legal document on which you attest to your dependents' eligibility or ineligibility to participate in the SHBP/SEHBP. Refer to the enclosed Eligibility Definitions Page to determine if your dependents are eligible or ineligible. Once you submit your completed *Required Affidavit Signature Form*, with required documentation, via the self-addressed, postage-paid envelope included, no further action is necessary by you unless you are contacted by the SHBP / SEHBP Dependent Eligibility Verification Audit Unit.

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Q: Do I have to provide my Social Security Number?

A: No. You will be asked to verify other pertinent information such as date of birth and address. You may also be asked to provide a portion of the barcode numbers located at the top of your letter.

Q: What happens if I fail to respond to the Dependent Eligibility Verification Audit?

A: The SHBP/SEHBP will have no choice but to terminate your dependents' coverage if you do not provide the required documentation to verify eligibility.

Q: What will happen to my dependents' coverage once I complete the Required Affidavit Signature Form, and send in required documentation?

A: The dependent(s) listed on your Required Affidavit Signature Form whom you declared as 'Eligible', and verified with appropriate documentation, will continue to be covered with no lapse in coverage. Dependents deemed 'ineligible' through this audit will be terminated from the SHBP/SEHBP on the date indicated in the package of materials you have been provided.

Q: What happens to my documents once received by Aon? What does Aon have in place to ensure the security of the documents?

A: As soon as documents are scanned and success of scanning is verified, hard copies of the documents are destroyed. Accordingly, please do not submit original documents and keep copies of everything you send back. Only select personnel have access through a secure password to the documents and viewable images of the documents. Scanned documents will be forwarded to the Division of Pensions and Benefits.

Q: Who do I call if I have questions concerning correspondence received for the dependent audit?

A: If you have any questions about the audit, you may contact the Dependent Eligibility Verification Service Center at 1-866-641-5651 and enter 2638 when prompted for your Employer Identification Number. Representatives are available Monday through Friday, between 8:00 am and 6:00 pm EST, excluding State holidays.

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Q: I misplaced my letter. Where do I send my documents?

A. Return the signed and dated Required Affidavit Signature Form and all required documentation to:

**SHBP / SEHBP Dependent Eligibility Verification Audit Unit
Aon
PO Box 3005
Arlington Heights, IL 60006-9923**

If you lost your entire packet, do not copy a fellow employee's packet. Each employee is assigned a unique number for security purposes. Call the Dependent Eligibility Verification Service Center at 1-866-641-5651 and enter 2638 when prompted for your Employer Identification Number and ask for a replacement packet.

Q. What are the options for continuing coverage for ineligible dependents?

A. Termination of an ineligible dependent who was not eligible for coverage is not considered a COBRA Qualifying Event. In certain circumstances, where an eligible dependent became ineligible within the last 60 days, COBRA may be offered. Please contact the Dependent Eligibility Verification Service Center for clarification regarding possible continuation of coverage for such dependents.

Q: If I'm notified that my dependents will be terminated, what are my options?

A: If your dependents are terminated and you feel that they meet the eligibility requirements of the SHBP/SEHBP and you have submitted verifying documentation, you may appeal to the Commission governing the SHBP/SEHBP.

A detailed explanation of the reason for your appeal and supporting documentation should be sent to:

**Appeals Coordinator
Division of Pensions and Benefits
PO BOX 299
Trenton, NJ 08625**

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