

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. 1997, c. 330 (CHAPTER 330) — **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		
I certify that the above-stated retiree was a	full-time employee, and based on the union contract	in effect as of July 1,1998:	
☐ Is eligible for employer-paid health bendin full or in part, for his/her lifetime.	efits in retirement or receives reimbursement for hea	Ith benefits premiums,	
☐ Is not eligible for employer-paid health health benefits premiums.	benefits in retirement and will not receive employer-p	paid reimbursement for	
☐ Is eligible for health benefits in retireme	ent for a specified, limited time. Health benefits will te	rminate upon:	
☐ Retiree becoming eligible for I	Medicare		
☐ Other (specify reason and give	e date that health benefits will terminate)		
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Print Certifying Officer Name	Signature	Date Date	
Phone Number	Email Address	Email Address	
Please return this form to:	State Health Benefits Program Retired health benefits section P.O. Box 299		

Trenton, NJ 08625-0299

Or fax to: (609) 341-3407