



# Family Status Changes — Employees

Information for:  
All Funds

A family status change is a personal event that can have an impact on many aspects of your employee pension and benefits (life insurance, health insurance, etc.). Active employees should use this fact sheet as a guide to updating information pertaining to your pension and benefits for the following family status changes:

- Marriage, civil union, or domestic partnership;
- Addition of a newborn child, adopted child, step-child, foster child, or legal ward to your family;
- Divorce or dissolution of a civil union or domestic partnership; or
- Death of a family member.

## UPDATING PERSONAL INFORMATION

### Notifying Your Employer

In the event of a family status change, you should immediately update your personnel records with your human resources representative or benefits administrator. This is also a good time to confirm your address and phone number with your employer. Your human resources representative or benefits administrator can provide you with any necessary applications for changing your health benefits coverage.

### Name Change

To change your name on your pension account, write a cover letter stating your former name, new name, and last four digits of your Social Security num-

ber. Send the letter along with a photocopy of your N.J. Driver's license, Social Security Card, or current Passport showing the name change to:

**New Jersey Division of Pensions & Benefits  
Optical Disk  
P.O. Box 295  
Trenton, NJ 08625-0295**

You may also complete an *Affidavit of Name Change* which can be found on our website at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)

### Address Change

Notify your employer of any change to your address. For members of the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP), you must report your address change by calling the Office of Client Services at (609) 292-7524 or writing to:

**New Jersey Division of Pensions & Benefits  
Health Benefits Bureau  
P.O. Box 299  
Trenton, NJ 08625-0299**

There is normally no need for employees to inform the New Jersey Division of Pensions & Benefits (NJDPB) of an address change for other than health benefits purposes. However, if you have recently applied for retirement or another benefit and have not yet received it, you should write to the section of the NJDPB that is processing your benefit to advise them that your address has changed since you filed your application.

## **Pension and Group Life Insurance Beneficiary Designation**

To update your beneficiary information for pension and/or group life insurance, you must use the Member Benefits Online System (MBOS). You can register with MBOS on our website. Paper forms are not accepted for updating beneficiary information, except with the following pension systems:

- Alternate Benefit Program (ABP) and Defined Contribution Retirement Program (DCRP) members should complete a *Designation of Beneficiary* form to update your life insurance beneficiary; you can obtain this from our website. To change the beneficiary on your retirement investment, contact your chosen investment carrier(s). Your campus human resource office can provide information about contacting your investment carrier(s).
- New Jersey Deferred Compensation Plan (NJSEDCP) or Supplemental Annuity Collective Trust (SACT) members need to complete a *Beneficiary Designation* form specific to their program; you can obtain a form by contacting the NJSEDCP at 1-866-NJSEDCP or SACT at (609) 292-7524.

## FAMILY STATUS CHANGES FOR HEALTH BENEFITS PROGRAM MEMBERS

When a family status change occurs, you are responsible for notifying your employer to update your health benefits coverage information. You should see your human resources representative or benefits administrator to obtain a *Health Benefits Enrollment and/or Change Form*. If you are a member of the Employee Prescription Drug Plan, you may also update your information for prescription coverage.

If you are an employee enrolled in the Employee Group Dental Plans, your employer will provide a separate *Employee Dental Enrollment and/or Change Form*.

You are required to submit supporting documentation of your family status change, such as a photocopy of your marriage certificate or child's birth certificate, in addition to the application. For more information see your employer or visit our website. You must return your completed application and required documentation to your human resources representative or benefits administrator for processing.

For an adopted child, stepchild, foster child, or legal ward, additional supporting legal documentation is required to attest to the legal guardianship by the covered employee.

### When Health Benefits Eligibility Begins

If you wish to add a dependent to your medical, prescription, or dental coverage as a result of a change in family status, you must submit the application(s) through your employer within 60 days of the event (marriage, birth, adoption, etc.). For your new dependent, coverage begins as follows:

- If you are a State biweekly employee (paid through the State's Centralized Payroll), your dependent's coverage will be retroactive to the first day of the pay period in which the event occurred.

- If you are a local government, local education, or State monthly employee, your dependent's coverage begins retroactive to the date of the event.

If you do not add your additional dependent(s) within 60 days of your family status change, you will be permitted to add the dependent(s) only during the annual SHBP/SEHBP Open Enrollment period. If your dependent is covered under another employer-provided health plan and is subsequently dropped from that health plan, you may enroll the dependent under your SHBP/SEHBP coverage within 60 days of the loss of this coverage. Proof of prior coverage is required.

### When Health Benefits Coverage Ends

To remove a dependent from your health coverage as a result of a change in family status, you must submit a *Health Benefits Enrollment and/or Change Form* through your employer. The dependent's coverage will be terminated upon the timely receipt of the application by the Health Benefits Bureau.

Health benefits coverage for dependent children ends on December 31 of the year in which they reach the age of 26. An over age dependent will be automatically deleted from your coverage; however, he or she may be eligible for continued dependent coverage if disabled. See the *Health Benefits Coverage Continuation for Overage Children with Disabilities* Fact Sheet.

### Coverage for Over Age Children Until Age 31

P.L. 2005, c. 375 (Chapter 375), provides for medical and/or prescription drug coverage for an over age child by blood or law who: is under the age of 31; is unmarried; has no dependent(s) of his or her own; is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and is not provided coverage as a sub-

scriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.

Under Chapter 375, an over age child does not have any choice in the selection of benefits and is enrolled in the same plan or plans (medical and/or prescription drug; there is no provision for eligibility for dental or vision benefits) that the covered parent has selected. The covered parent is responsible for the entire cost of coverage. For more information, see the *Health Benefits Coverage of Children Until Age 31* Fact Sheet.

### Continued Coverage Under COBRA

If your spouse/partner and/or child(ren) are no longer eligible for health benefits under your coverage due to divorce, dissolution of a civil union, or other ineligibility, they are entitled to continue participation in the SHBP/SEHBP under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Your former dependent(s) may purchase COBRA coverage to continue their health benefits for periods up to 36 months. See also the *COBRA — The Continuation of Health Benefits* Fact Sheet.

For more detailed information about your health coverage, including COBRA benefits, visit our website.

## **DIVORCE, DISSOLUTION OF A CIVIL UNION OR DOMESTIC PARTNERSHIP**

In cases of divorce or dissolution of a civil union or domestic partnership, you, your former spouse or partner, and your respective attorneys or other authorized legal representatives have the right to obtain information about your benefits and how they are determined. Requests for additional information on Qualified Domestic Relations Orders (QDROs) and how they relate specifically to your employee benefits may be submitted in writing to:

**New Jersey Division of Pensions & Benefits  
Legal Affairs Unit  
P.O. Box 295  
Trenton, NJ 08625-0295**

The *Divorce, Dissolution of a Civil Union and Your Retirement Benefits* Fact Sheet can be obtained on our website.

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*This fact sheet has been produced and distributed by:*

**New Jersey Division of Pensions & Benefits  
P.O. Box 295, Trenton, NJ 08625-0295**

*(609) 292-7524*

*For the hearing impaired: TRS 711 (609) 292-6683*

***[www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)***