

Active Employee Guide Sheet

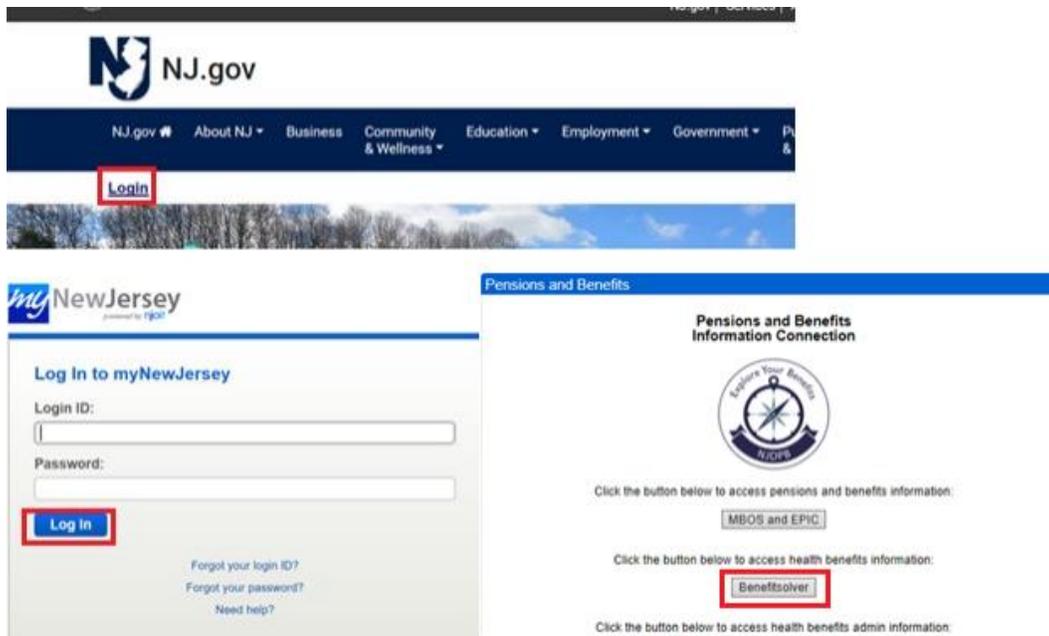
Q: How does an active employee login to Benefitsolver?

A: Active employees may log into Benefitsolver through their myNewJersey portal on the NJDPB website at www.nj.gov or access Benefitsolver through the mynjbenefitshub.nj.gov website.

To log in through myNewJersey (Preferred login method):

Go to www.nj.gov and click 'login'

At the bottom of the screen along with your MBOS and EPIC button, you'll see a new button that reads "Benefitsolver".



If you do not see the single sign on button, go here to access Benefitsolver through the NJDPB website:

Visit www.nj.gov/treasury/pensions/, scroll down and select "Access Benefitsolver" > "Log In via MyNewJersey"

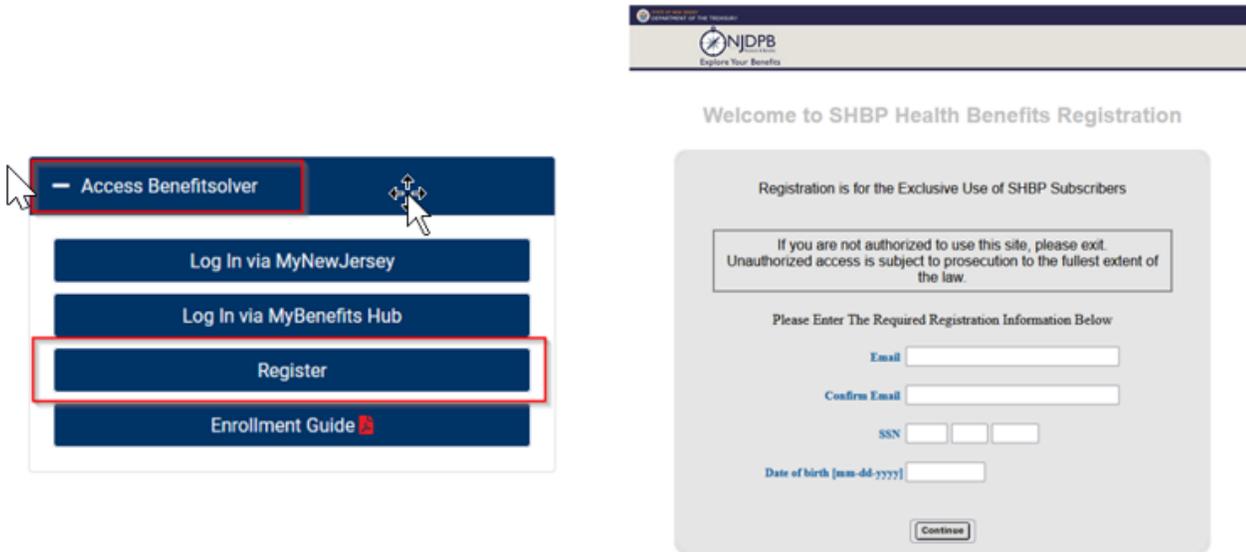
Access Benefitsolver	
Log In via MyNewJersey	-This will take the member to www.nj.gov
Log In via MyBenefits Hub	-This will take the member to mynjbenefitshub.nj.gov
Register	-Click here only if you do not have a Benefitsolver button in myNewJersey
Enrollment Guide	-Click here if you need help

To log in through myNewJersey:

Go to www.nj.gov and click 'login'

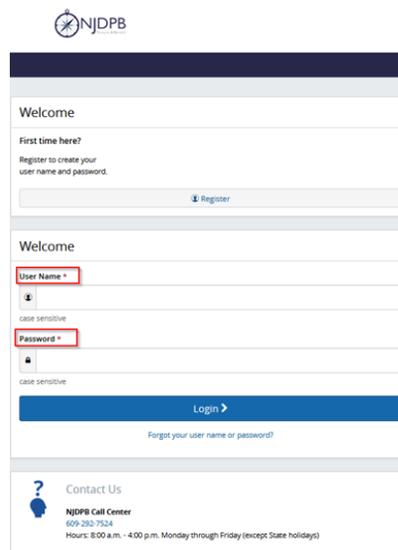
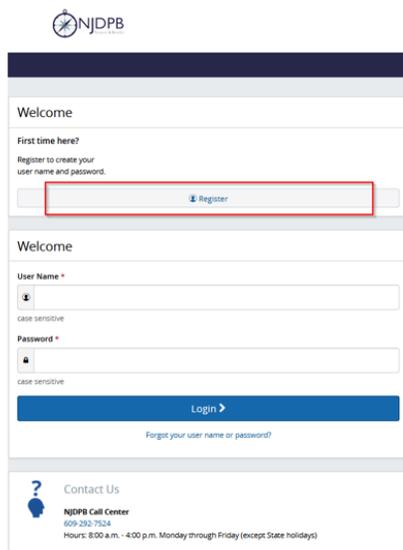
At the bottom of the screen along with your MBOS and EPIC button, you'll see a new button that reads "Benefitsolver". If the active employee does not have a Benefitsolver button they must visit the NJDPB website:

nj.gov/treasury/pensions. Click on +Access Benefitsolver and register. When you log back into your myNewJersey (nj.gov) account, you should now see the Benefitsolver button.



To log in through mynjbenefitshub.nj.gov

Active employees may also login to Benefitsolver by navigating to mynjbenefitshub.nj.gov and clicking “Register”. Enter your Social Security Number and Date of Birth. The Company Key is SHBP/SEHBP (all capital letters). If the active employee has previously registered, they would simply enter in their username they created along with their password.

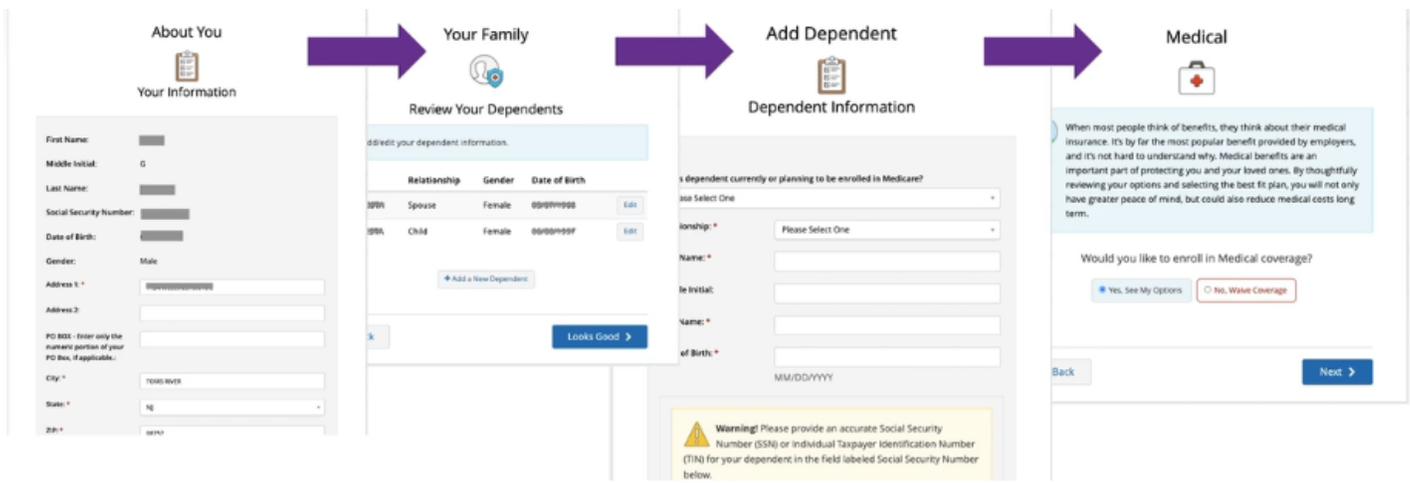


Q: How does an active employee process their new hire enrollment?

A: The new employee will see an enrollment banner at the top of their screen where they can click “Start here” to begin. The employee should review and update their contact information to ensure they receive the latest information on their benefits.



The next set of screens will walk the employee through the enrollment process step-by-step, showing them available benefit options to elect or waive coverage. To complete the enrollment, click “Approve”. On the confirmation screen, click “I Agree”. When the enrollment is complete, they will receive a confirmation number which they may print along with their “Benefit Summary” for their records. They should then return to their home page to check for any additional tasks required to complete their enrollment.



1. About You 2. Election Information 3. Review Ask Sofia

About You

Dependents - 3 ▲ Dependent Verification Required

▲ **Dependent Verification Required**
One or more of the following dependents must be verified before they will be eligible for full coverage.

Dependents	Relationship	Gender	Date of Birth	Edit
▲ Dependent Verification Required	Spouse	Male	MM/DD/YYYY	Edit
▲ Dependent Verification Required	Child	Male	MM/DD/YYYY	Edit
▲ Dependent Verification Required	Child	Female	MM/DD/YYYY	Edit

Your Elections

My Health

Plan	Coverage	Employee Cost Monthly	Edit
Medical NJ Educators Health Plan (DB)		\$125.42	Edit

▲ Pending dependent verification

Approve

mynjbenefitshub

Home Message Center Reference Center

Type Here to Search

Action Required

▲ Required Action 1 of 1

Pending Dependent Verification

You may have one or more dependents that you recently added to the State of New Jersey benefits program, and as part of our eligibility requirements, you must verify that your dependents are eligible under the State of New Jersey plan. Failure to respond or provide sufficient proof of eligibility will result in your dependents not being enrolled in coverage.

YOUR DOCUMENTATION MUST BE RECEIVED WITHIN THE DUE DATE OR YOUR DEPENDENT WILL BE INELIGIBLE AND REMOVED FROM COVERAGE.

SUBMIT THE REQUIRED DOCUMENTATION TODAY!

1. Visit your **Personal Documents**. The link is located at the top of this page.
2. Review the **Verification Initial Letter** for information pertaining to your pending dependents and the required documentation for each.
3. Visit your **Message Center**. The link is also located at the top of this page.
4. View the **"Action Required - Submit Required Documentation to Verify Dependent Eligibility"**
5. Scan and upload a copy of the appropriate documentation to the message by selecting the Upload Document option.

• Test text

Upload Now Next >

If they've added new dependents, they will be prompted to provide supporting documentation. The certifying officer at that location will then review all uploaded documents before the dependent is verified and approved for coverage.

Action Required

▲ Required Action 1 of 1

Pending Dependent Verification

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5. Scan and upload a copy of the appropriate documentation to the message by selecting the Upload Document option.

• Test text

Upload Now Next >

Upload Documents

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4. View the **"Action Required - Submit Required Documentation to Verify Dependent Eligibility"**
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Cancel Send

Upload Documents

Upload a Document

Select file(s) for upload:

Choose File 1 file chosen
Supported formats are: 'txt', 'doc', 'docx', 'pdf', 'jpg', 'jpeg', 'tiff', 'tif', 'temp', 'png', 'gif'

Disclaimer: Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there's a warning on the document stating that copying is not allowed. We recommend that residents in these states obtain the non-certified vital record for the verification process which is usually available at a reduced cost compared to the certified vital record cost. You should also label any document you are submitting for verification with "For Administrative Purposes."

Cancel Send

This is what the member will see on their main landing page:

▲ Important Reminders 2

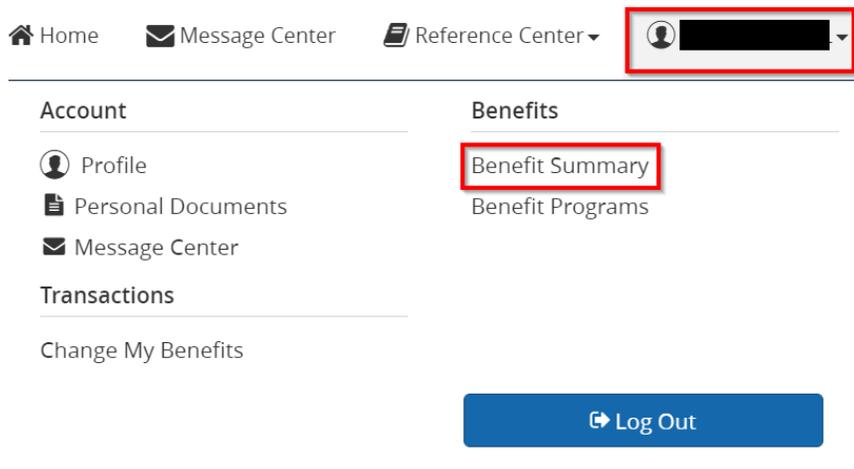
▲ **Action Required**

New Hire Enrollment Start Here

Review

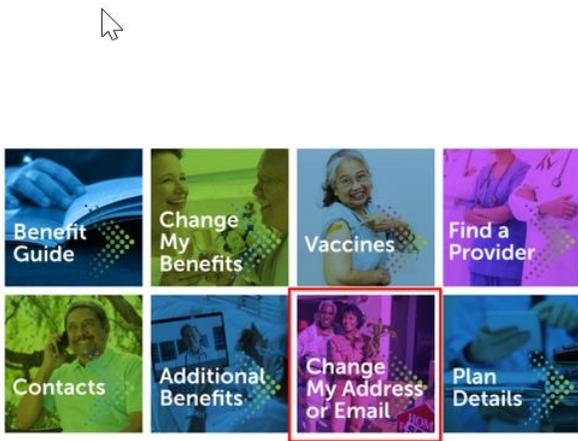
New Hire Enrollment - Pending Dependent Verification Upload Documents

The employee can locate their benefit summary by clicking on their name and selecting “benefit summary”.



Q: How does an active employee change their address?

A: Employees at all state biweekly locations and some state colleges will not have the ability to change their address in the system. These employees would need to notify their certifying officer of any address update. All other locations will see the address change option as listed below. To change your address if a census file is not sent, click on the “Change My Address or Email” button, then click on “Change My Benefits” button, click on the drop-down arrow next to “Life Event” and choose “Address and Phone Information Change”. In the following pop-up box, enter today’s date for the “effective date of change” (you may also enter the letter “t” and the system will automatically populate today’s date). Then follow the prompts through the system.



CLIFFORD, click below to make a change to your benefits or update your contact information



Change My Benefits



Web Browser Message - Member

Reason for Change

Search Reasons for Change

Select the reason for change that applies and enter the date of the event.

▶ LIFE EVENT

Examples: Marriage/Divorce Birth/Death

Saved to this PC

Select the reason for change that applies and enter the date of the event.

▼ LIFE EVENT

Examples: Marriage/Divorce Birth/Death

Add Child age 26 to 31 Ch 375 Coverage

Add Dependents Without Loss of Coverage

Add Medicare Information (Enter Medicare Effective Date)

Address and Phone Information Change

Birth or Adoption

Death of Dependent

The member must click approve for the transaction to go through.

← Back

✓ Approve

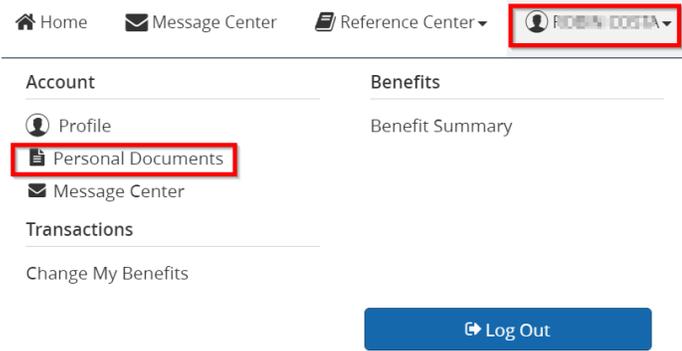
Q: What is a New Jersey New Hire Welcome Kit?

A: A New Jersey New Hire Welcome Kit is a letter along with inserts that is generated and mailed to the employee’s address on file once the employee is entered in the system. This provides the employee with information on how to enroll into benefits. Businessolver generates and mails these letters. If you would like to view this letter from an administrator view, you can locate this document by clicking on the drop-down below the retiree’s name and select “Documents”:

Please select an action ▲

- Benefit Summary
- Member Plan Comparison
- Payroll Summary
- Reference Center
- Billing Summary
- Cases
- Documents
- New Message
- View Time Tracking
- 1095 Reporting Info

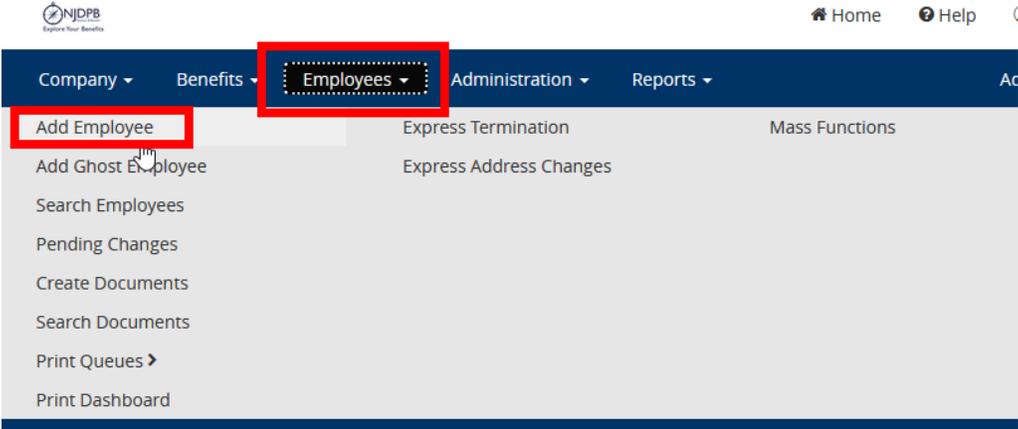
If you have an employee who would like to view the letter from their user account, they can click on their name and select “personal documents” to view the letter:



Q: When and how do new hires get entered in the system?

A: We receive the EDW file weekly on Tuesday and Friday. This will enter new hires for the State Bi-weekly population. We then have a weekly census file for the following locations- University Hospital (Monday), TCNJ (Monday), NJ City University (Tuesday), Rutgers (Wednesday), Montclair (Thursday), NJIT (Thursday), and Rowan (Thursday.) All other new hires need to be manually entered into the system by their certifying officer.

Click on Employees> Add Employee

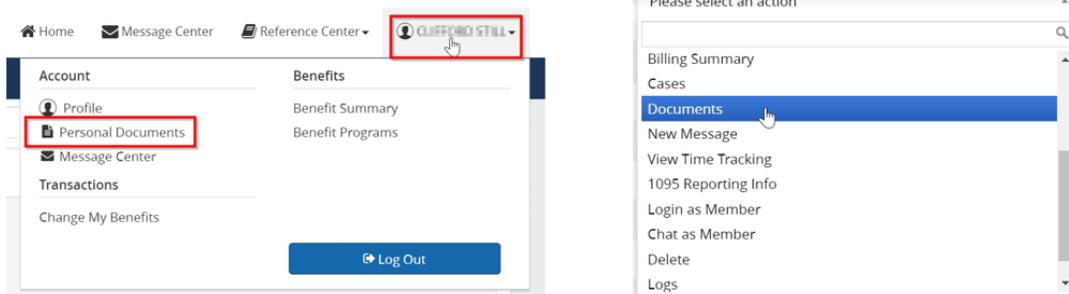


Only those fields with a red asterisk need to be entered. The other fields are optional.

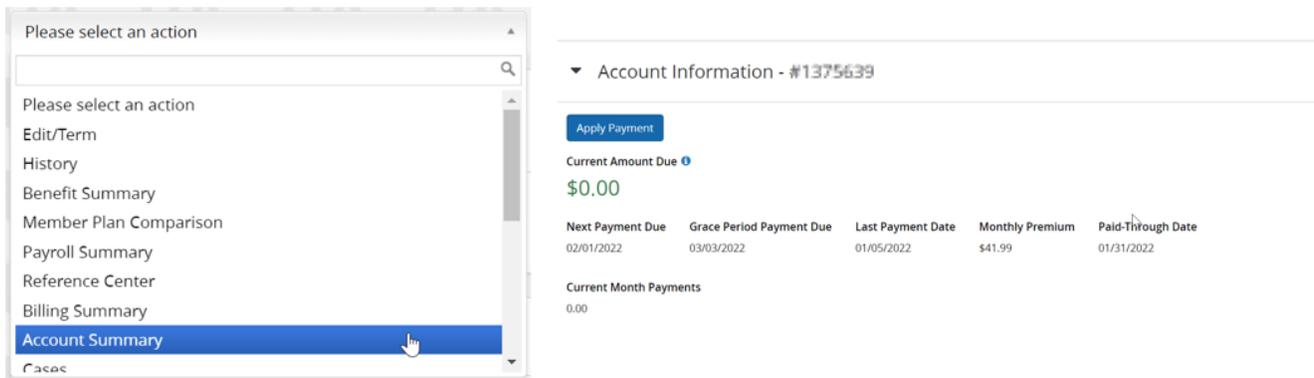
Q: Who is the COBRA administrator?

A: Businessolver is the COBRA administrator, all COBRA inquiries should be referred to (833)-929-1101. Once coverage is terminated and an employee is qualified to continue coverage through COBRA, a COBRA qualifying event notice will

automatically generate and be mailed to the address on the employee's account. When in "admin" view this document can be found in the employee's "documents". In the employee view, they can be found in "personal documents".



To view account details, paid through dates, etc. Click on "account summary" in the drop-down menu below the employee's name.



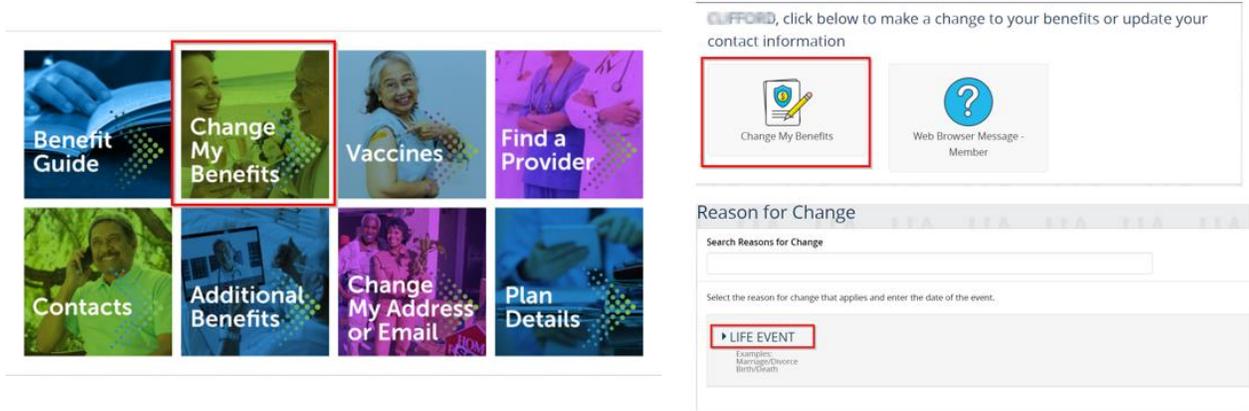
COBRA qualifying event information can be located at the bottom of the "employee view" screen below the elections.

COBRA QE Information - [REDACTED]			
Name [REDACTED]	Event Employment Termination	Date of Event 08/13/2021	Last Day of Coverage 08/31/2021
	QE Sent Date 08/19/2021	COBRA Effective Date 09/01/2021	COBRA Exhaustion Date 02/28/2023
	Election Period End Date 10/30/2021		

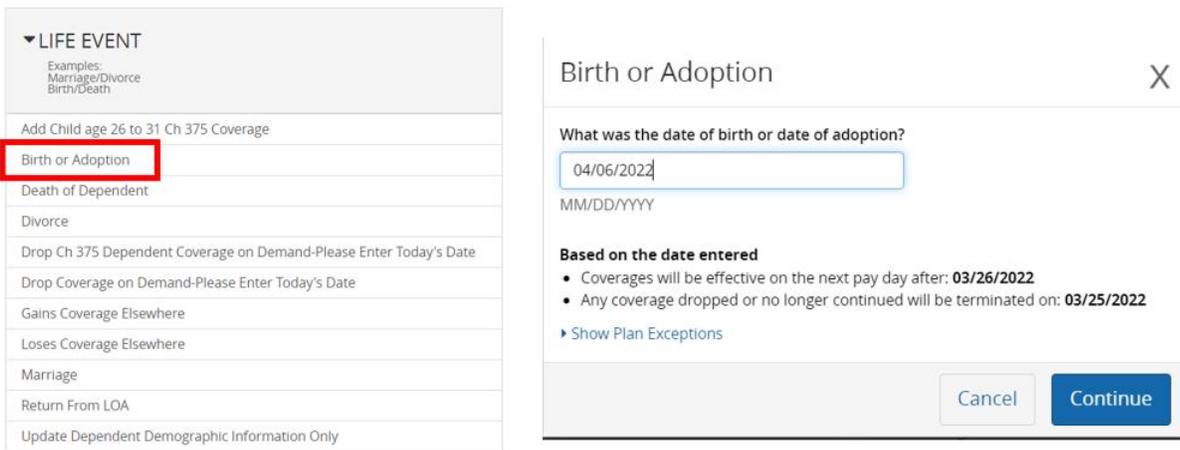
COBRA Information - [REDACTED]			
Election Post Mark Date 08/30/2021	Election Form Received Date 08/30/2021	Waive Coverage Date COBRA End Date	COBRA Termination Reason Medicare Effective Date
First Payment Due Date 10/14/2021	AEI Form Return Date SSA Determination Issue Date	2nd Qualifying Event 2 nd Qualifying Event Post Mark Date	2nd Qualifying Event Date Takeover Paid-Through Date
ACH Routing Number	ACH Account Type Inactive		ACH Account Number

Q: How does an active employee process a life event?

A: Click on the “Change My Benefits button”. This will bring up the “Reason for Change” page. Click on the drop-down arrow next to “Life Event” and choose your reason for needing a change. In the following pop-up box, enter the effective date of the change. Then follow the prompts through the system to process the change. Be sure to review personal information, dependent information, effective date, and benefit elections to make sure they are all accurate.



Birth or Adoption- Follow the above directions under the life event question then click on “Birth or Adoption” then enter the date of the birth or adoption and click “continue”



Note: System will automatically generate the correct effective date for the coverage change. This example demonstrates the state biweekly effective date based on the date of birth.

Review the Benefit Enrollment Screen and scroll to the bottom and click “Start Change”

Type Here to Search

- Your displayed rate calculation is based on the annual pensionable salary provided by your employer. They do not include any contractual adjustments.
- All calculations are estimates and may differ from the actual amounts deducted from payroll.
- Calculations are based on the information in Year 4 of Chapter 78, P.L. 2011 and bargaining unit labor agreements.
- Your annual contribution may vary based on your current contract.
- Estimates of cost are only valid for the plan year indicated and all plan rates are subject to change each plan year (January - December).

To see what your estimated contributions from your paycheck will be, make sure you view the online Horizon calculators:
[2021 Horizon Calculator](#)
[2022 Horizon Calculator](#)

What you need to do
 When you are ready to make your elections, click Start Enrollment below.

proof of a loss of other coverage, for your enrollment to be complete.

Adding a new dependent

► Verification

Benefit Guide

► Benefit Guide

NIDPB Fact Sheets
[Click here to view Fact Sheets](#)

Start Change >

Follow the system prompts through the transaction.

Click “Yes” when asked “Do you have any dependents?” then proceed to add the new child to the system.

Your Family



Do you have any dependents?

Yes No

[← Back](#) [+ Add a New Dependent](#)

Add all required fields within the dependent information screen.

Add Dependent



Dependent Information

Relationship: *

First Name: *

Middle Initial:

Last Name: *

Date of Birth: *

Warning! Please provide an accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN) for your dependent in the field labeled Social Security Number below.

Review your dependents and click “looks good”

Your Family



Review Your Dependents

Please add or edit your dependent information.

The following dependents are eligible for coverage:

- Your Legally Married Spouse (both same sex and opposite sex)
- Your same-sex Civil Union Partner if your partnership was created prior to the adoption of marriage equality
- Your same-sex Domestic Partner as defined under P.L. 2003, c. 246, the Domestic Partnership Act.
- Your birth and adopted children
- Your stepchildren
- Any child you are court ordered to provide coverage for
- Foster Children in your legal custody

Name	Relationship	Gender	Date of Birth	
test test	Child	Female	04/06/2022	Edit

[+ Add a New Dependent](#)

[← Back](#)

[Looks Good >](#)

Select the new dependent and click “Next” on who you would like to cover.

1. About You - 2. Election Information - 3. Review Ask Sofia

Medical

Who would you like to cover with Medical coverage?

[No selection \(at least 1 is required\)](#)

test test - child - 04/06/2022

[Deselect All](#)

[+ Add a New Dependent](#)

[← Back](#) [Next >](#)

Follow the remaining system prompts through the rest of the transaction and be sure to approve the transaction.

For any new dependent added to coverage, the employee will be responsible for submitting the appropriate documentation to add that dependent to coverage.

Action Required

Required Action 1 of 2

Pending Event Verification

You may have made a change to your elections under the State of New Jersey benefits program, and as part of our eligibility requirements, you must verify that your changes are due to a qualified life event. Failure to respond or provide sufficient proof of eligibility will result in the denial of your benefit changes.

YOUR DOCUMENTATION MUST BE RECEIVED WITHIN 60 DAYS OR YOUR DEPENDENT WILL BE INELIGIBLE AND REMOVED FROM COVERAGE.

SUBMIT THE REQUIRED DOCUMENTATION TODAY!

1. Visit your **Personal Documents**. The link is located at the top of this page.
2. Review the **Verification Initial Letter** for information pertaining to your pending event and the documentation required.
3. Visit your **Message Center**. Link is located at the top of your home page.
4. View the **"Action Required - Submit Documentation to Verify Eligibility"**
5. **Scan and Upload** a copy of the appropriate documentation to the message by selecting the Upload Document option.

Upload Now

Next >

Marriage- Follow the above directions under the life event question then click on "Marriage" then enter the date of marriage and click "continue"

▼ LIFE EVENT Examples: Marriage/Divorce Birth/Death
Add Child age 26 to 31 Ch 375 Coverage
Birth or Adoption
Death of Dependent
Divorce
Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date
Drop Coverage on Demand-Please Enter Today's Date
Gains Coverage Elsewhere
Loses Coverage Elsewhere
Marriage
Return From LOA
Update Dependent Demographic Information Only

Marriage

What date was the marriage?

04/01/2022

MM/DD/YYYY

Based on the date entered

- Coverages will be effective on the next pay day after: **03/26/2022**
- Any coverage dropped or no longer continued will be terminated on: **03/25/2022**

[▶ Show Plan Exceptions](#)

Cancel

Continue

Make sure that the effective date is what you would expect. This example is a state biweekly employee.

Review the Benefit Enrollment Screen and scroll to the bottom and click "Start Change"

Type Here to Search

- Your displayed rate calculation is based on the annual pensionable salary provided by your employer. They do not include any contractual adjustments.
- All calculations are estimates and may differ from the actual amounts deducted from payroll.
- Calculations are based on the information in Year 4 of Chapter 78, P.L. 2011 and bargaining unit labor agreements.
- Your annual contribution may vary based on your current contract.
- Estimates of cost are only valid for the plan year indicated and all plan rates are subject to change each plan year (January - December).

To see what your estimated contributions from your paycheck will be, make sure you view the online Horizon calculators:
2021 Horizon Calculator
2022 Horizon Calculator

What you need to do
When you are ready to make your elections, click Start Enrollment below.

proof of a loss of other coverage, for your enrollment to be complete.

Adding a new dependent

Verification

Benefit Guide

Benefit Guide

NJPB Fact Sheets
Click here to view Fact Sheets

Start Change >

Follow the system prompts through the transaction.

Click “Yes” when asked “Do you have any dependents?” then proceed to add the new spouse to the system.

The screenshot shows the 'Your Family' section of a system. At the top, there is a header 'Your Family' and a shield icon. Below this, the question 'Do you have any dependents?' is displayed. Two radio buttons are present: 'Yes' (which is selected and highlighted with a red box) and 'No'. At the bottom of the screen, there is a 'Back' button on the left and a blue '+ Add a New Dependent' button on the right, which is also highlighted with a red box.

Add all required fields within the dependent information screen.

The screenshot shows the 'Add Dependent' screen. The title is 'Add Dependent' with a clipboard icon. Below the title is the section 'Dependent Information'. The form contains the following fields: 'Relationship: *' (a dropdown menu with 'Please Select One' selected), 'First Name: *', 'Middle Initial:', 'Last Name: *', and 'Date of Birth: *' (with a placeholder 'MM/DD/YYYY'). A yellow warning box at the bottom of the form contains the text: 'Warning! Please provide an accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN) for your dependent in the field labeled Social Security Number below.'

Review your dependents and click “looks good”

The screenshot shows the 'Your Family' section of a system. The title is 'Your Family' with a shield icon. Below this is the section 'Review Your Dependents'. A light blue box contains the text: 'Please add or edit your dependent information. The following dependents are eligible for coverage:'. Below this is a list of eligible relationships: 'Your Legally Married Spouse (both same sex and opposite sex)', 'Your same-sex Civil Union Partner if your partnership was created prior to the adoption of marriage equality', 'Your same-sex Domestic Partner as defined under P.L. 2003, c. 246, the Domestic Partnership Act.', 'Your birth and adopted children', 'Your stepchildren', 'Any child you are court ordered to provide coverage for', and 'Foster Children in your legal custody'. Below the list is a table with the following data:

Name	Relationship	Gender	Date of Birth	
test test	Spouse	Male	01/01/1980	Edit

Below the table is a '+ Add a New Dependent' button. At the bottom of the screen, there is a 'Back' button on the left and a blue 'Looks Good >' button on the right.

Select the new dependent and click “Next” on who you would like to cover.

1. About You - 2. Election Information - 3. Review

Ask Sofia

Medical

Who would you like to cover with Medical coverage?

(Required)

test test - Spouse - 01/01/1980

Deselect All

+ Add a New Dependent

< Back

Next >

Follow the remaining system prompts through the rest of the transaction and be sure to approve the transaction.

For any new dependent added to coverage, the employee will be responsible for submitting the appropriate documentation to add that dependent to coverage.

Action Required

⚠ Required Action 1 of 2

Pending Event Verification

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5. **Scan and Upload** a copy of the appropriate documentation to the message by selecting the Upload Document option.

Upload Now

Next >

Loses Coverage Elsewhere - Follow the above directions under the life event question then click on “Loses Coverage Elsewhere” then **enter the last date of coverage** and click “continue”

LIFE EVENT

Examples: Marriage/Divorce, Birth/Death

- Add Child age 26 to 31 Ch 375 Coverage
- Birth or Adoption
- Death of Dependent
- Divorce
- Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date
- Drop Coverage on Demand-Please Enter Today's Date
- Gains Coverage Elsewhere
- Loses Coverage Elsewhere**
- Marriage
- Return From LOA
- Update Dependent Demographic Information Only

Loses Coverage Elsewhere

What was the last date of coverage?

04/01/2022

MM/DD/YYYY

Based on the date entered

- Coverages will be effective on the next pay day after: **03/26/2022**
- Any coverage dropped or no longer continued will be terminated on: **03/25/2022**

Show Plan Exceptions

Cancel

Continue

Review the Benefit Enrollment Screen and scroll to the bottom and click “Start Change”

Type Here to Search

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- Calculations are based on the information in Year 4 of Chapter 78, P.L. 2011 and bargaining unit labor agreements.
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To see what your estimated contributions from your paycheck will be, make sure you view the online Horizon calculators:
2021 Horizon Calculator
2022 Horizon Calculator

What you need to do
When you are ready to make your elections, click Start Enrollment below.

proof of a loss of other coverage, for your enrollment to be complete.

Adding a new dependent
Verification

Benefit Guide
Benefit Guide

Fact Sheets
Click here to view Fact Sheets

Start Change >

Follow the system prompts through the transaction.

Review personal information and click "Next:

About You

Your Information

First Name:

Middle Initial:

Last Name:

Social Security Num:

Date of Birth:

Gender:

Address instructions

If you have a PO Box:

- Enter the PO Box into "Address 1". Example: PO Box 1234
- Enter the box number into the PO Box field. Example: 1234
- Enter your home address into "Address 2". Example: 999 Anywhere St.

If you do not have a PO Box:

- Enter your home address into "Address 1". Example: 999 Anywhere St.
- If necessary, enter additional address information in "Address 2". Example: Apt 101

Address 1:*

Address 2:

PO BOX - Enter only the numeric portion of your PO Box, if applicable:

City:*

State:*

ZIP:*

Next >

Enter and confirm an email address then click "Next

About You



Your Information

Personal Email Address: *	<input type="text"/>
	user@mydomain.com
Confirm Personal Email Address: *	<input type="text"/>
Home Phone:	<input type="text"/>
	555-555-1234
Work Phone:	<input type="text"/>
	555-555-1234

[< Back](#)

[Next >](#)

This life event is used to add coverage as it was lost elsewhere. Click “Yes” to enter any dependents that need to be added or “No” if only adding coverage for the employee. Then click “Add a New Dependent” or “Next” depending on your selection.

Your Family



Do you have any dependents?

Yes

No

[< Back](#)

[+ Add a New Dependent](#)

Review your dependents and click “looks good”

Your Family



Review Your Dependents

Please add or edit your dependent information.

The following dependents are eligible for coverage:

- Your Legally Married Spouse (from same sex and opposite sex)
- Your same-sex Civil Union Partner if your partnership was created prior to the adoption of marriage equality
- Your same-sex Domestic Partner as defined under P.L. 2003, c. 246, the Domestic Partnership Act
- Your birth and adopted children
- Your stepchildren
- Any child you are court-ordered to provide coverage for
- Foster Children in your legal custody

Name	Relationship	Gender	Date of Birth	
test test	Spouse	Male	01/01/1980	Edit

[+ Add a New Dependent](#)

[< Back](#)

[Looks Good >](#)

Select the new dependent and click “Next” on who you would like to cover.

1. About You - 2. Election Information - 3. Review

Ask Sofia

Medical

Who would you like to cover with Medical coverage?

(Required)

test test - Spouse - 01/01/1980

Deselect All

+ Add a New Dependent

< Back

Next >

Follow the remaining system prompts through the rest of the transaction and be sure to approve the transaction.

For any new dependent added to coverage, the employee will be responsible for submitting the appropriate documentation to add that dependent to coverage.

Action Required

⚠ Required Action 1 of 2

Pending Event Verification

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YOUR DOCUMENTATION MUST BE RECEIVED WITHIN 60 DAYS OR YOUR DEPENDENT WILL BE INELIGIBLE AND REMOVED FROM COVERAGE.

SUBMIT THE REQUIRED DOCUMENTATION TODAY!

1. Visit your **Personal Documents**. The link is located at the top of this page.
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Upload Now

Next >

Gains Coverage Elsewhere - Follow the above directions under the life event question then click on “Gains Coverage Elsewhere” then enter the first date of the new coverage and click “continue”

▼ LIFE EVENT

Examples:
Marriage/Divorce
Birth/Death

Add Child age 26 to 31 Ch 375 Coverage

Birth or Adoption

Death of Dependent

Divorce

Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date

Drop Coverage on Demand-Please Enter Today's Date

Gains Coverage Elsewhere

Loses Coverage Elsewhere

Marriage

Return From LOA

Update Dependent Demographic Information Only

Gains Coverage Elsewhere

What was the first date of the new coverage?

05/01/2022

MM/DD/YYYY

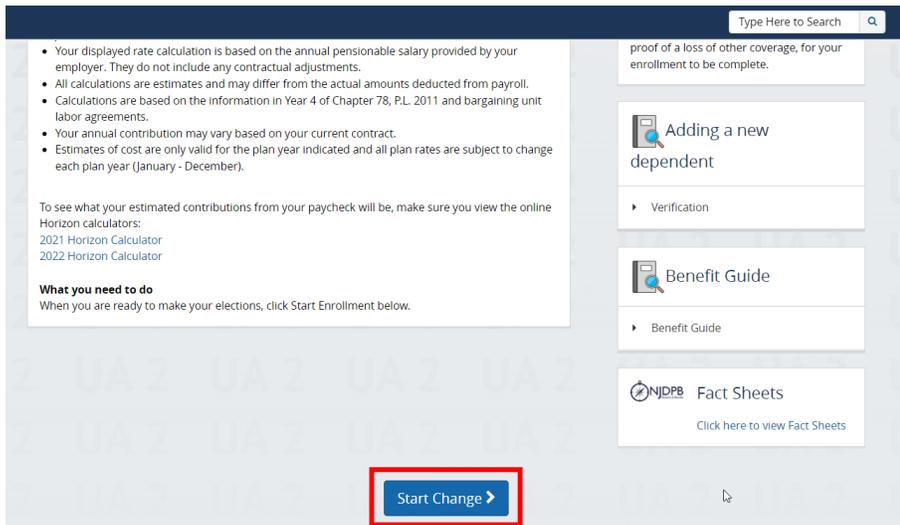
Cancel

Continue

If a member is waiving their coverage they should use “drop coverage on demand” and the system will calculate the correct health benefits termination date for the member.

“Gains Coverage Elsewhere” will terminate a dependent’s health benefits for a specific effective date entered by the member.

Review the Benefit Enrollment Screen and scroll to the bottom and click “Start Change”



Follow the system prompts through the transaction.

Review personal information and click “Next:

About You



Your Information

First Name:

Middle Initial:

Last Name:

Social Security Num:

Date of Birth:

Gender:

Address Instructions

If you have a PO Box:

- Enter the PO Box into "Address 1". Example: PO Box 1234
- Enter the box number into the PO Box field. Example: 1234
- Enter your home address into "Address 2". Example: 999 Anywhere St.

If you do not have a PO Box:

- Enter your home address into "Address 1". Example: 999 Anywhere St.
- If necessary, enter additional address information in "Address 2". Example: Apt 101

Address 1: *

Address 2:

PO BOX - Enter only the numeric portion of your PO Box, if applicable:

City: *

State: *

ZIP: *

[← Back](#)

[Next >](#)

Enter and confirm an email address then click "Next"

About You



Your Information

Personal Email Address: *

user@mydomain.com

Confirm Personal Email Address: *

Home Phone:

555-555-1234

Work Phone:

555-555-1234

[← Back](#)

[Next >](#)

Review your dependents and click “looks good”

Your Family



Review Your Dependents

Please add or edit your dependent information.

The following dependents are eligible for coverage:

- Your Legally Married Spouse (both same sex and opposite sex)
- Your same-sex Civil Union Partner if your partnership was created prior to the adoption of marriage equality
- Your same-sex Domestic Partner as defined under P.L. 2003, c. 246, the Domestic Partnership Act.
- Your birth and adopted children
- Your stepchildren
- Any child you are court ordered to provide coverage for
- Foster Children in your legal custody

Name	Relationship	Gender	Date of Birth	
test test	Spouse	Male	01/01/1980	Edit

[+ Add a New Dependent](#)

[< Back](#) [Looks Good >](#)

Click “Edit” under covered members

Medical Election Summary



Review Your Election

Enrolled in Medical? [Edit](#)
Yes

Covered Members [Edit](#)

Members	Covered
[Redacted]	Yes
[Redacted]	Yes
[Redacted]	Yes

Effective Date: 04/29/2022

Plan Selected [Edit](#)

Plan Selected	NJ Direct HD 1500 (091)
Employee Cost	\$145.83 State BI-Weekly

[< Back](#) [Looks Good >](#)

Uncheck the employee (this will remove coverage for all) or each dependent that gained coverage elsewhere, then click “Next”

Medical



Who would you like to cover with Medical coverage?

Unselected (Required)

Employee (Employee-10/1/2018)

Dependent (Child-01/01/2018)

Deselect All

[+ Add a New Dependent](#)

[< Back](#) [Next >](#)

Review the medical election and covered members then click “Next”

Medical



Covered Members [Edit](#)

NJ Direct HD 1500 (091) 

State Bi-Weekly
Premium
\$125.99
Employee and Spouse

Plan Details [Selected](#)

Eligibility Questions - NJ Direct HD 1500 (091)

Questions for **Covered Members**

Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage. *

Waive Medical

[Select](#)

[< Back](#) [Next >](#)

Follow the remaining system prompts through the transaction.

The employee will be responsible for submitting documentation to prove coverage was gained elsewhere.

Action Required

Required Action 1 of 1

Pending Event Verification

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[Upload Now](#) [Next >](#)

Divorce- Follow the above directions under the life event question then click on “Divorce” then enter date of divorce. Checkmark “Drop Ex-spouse from one or more coverage” and “Make other Changes” if needed. Then click “Next”

The system will automatically drop your spouse from all coverage they are enrolled in. If you chose to update additional information you will need to manually make those updates. Review the enrollment screen and click “Approve”

Plan	Coverage	Employee Cost Per Biweekly
Medical NJ Direct HD 1500 (091)	[REDACTED]	\$80.99 Edit
Dental Cigna Dental DPO (305)	[REDACTED]	\$10.08 Edit

Death of Dependent- Follow the above directions under the life event question then click on “Death of Dependent” On the following screen click “Next” then checkmark the dependent who passed away, enter the date of death, and then click “Next”

▼ LIFE EVENT
 Examples: Marriage/Divorce, Birth/Death

Add Child age 26 to 31 Ch 375 Coverage

Birth or Adoption

Death of Dependent

Divorce

Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date

Drop Coverage on Demand-Please Enter Today's Date

Gains Coverage Elsewhere

Losses Coverage Elsewhere

Marriage

Return From LOA

Update Dependent Demographic Information Only

Reason for Change

Death of Dependent

 Our deepest sympathy for your loss. We are sorry to hear of your loss. A death of a loved one can be one of the most difficult and stressful times in your life. The next few pages will walk you through any changes to your benefit elections as a result of this event.

[← Back](#) [Next >](#)

Death of Dependent

 Please select deceased dependent

Jackson Test

Test Test

Date of Death *



(MM/DD/YYYY)

Based on the date entered

- Any add or change in coverage will be effective on: 04/23/2022
- Any coverage dropped or no longer continued will be terminated on: 04/22/2022

[← Back](#) [Next >](#)

The next page will provide the coverage that the dependent will be termed from, click “Next”

Death of Dependent

 Stopping Coverage

We will go ahead and stop the following coverages for Jackson Test

- Medical
- Dental

[← Back](#) [Next >](#)

If other changes are needed to personal info or elections, check “Yes” if not check “No” then “Next”

Death of Dependent

 Other Changes

You may also be able to make other changes to your benefits at this time.

- Basic Info
- Dependent Info
- Elections

Would you like to make any of these other changes? *

Yes

No

[← Back](#) [Next >](#)

The system will automatically drop all coverage for the deceased dependent. Review the enrollment and click “Approve”

Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

- ▶ About You
- ▶ Dependents - 2

Your Elections

My Health		Employee Cost
Plan	Coverage	State Bi-Weekly
Medical NJ Direct HD 1500 (091)		\$80.99 Edit
View Details		
Dental Cigna Dental DPO (305)		\$4.78 Edit
View Details		

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

[← Back](#)

[✔ Approve](#)

The employee will be responsible for submitting documentation to prove the death of the dependent.

Action Required

⚠ Required Action 1 of 1

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[Upload Now](#)

[Next >](#)

*****Remember to click "Approve" or the transaction will not go through*****

Q: Where can employees access additional information related to their benefits?

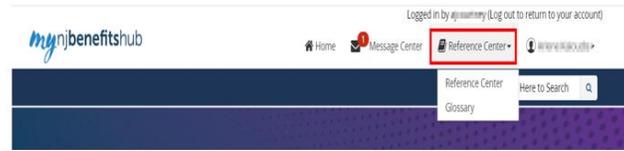
A: Employees can access the reference center for additional resources:

Reference Center

NJ SHBP/SEHBP

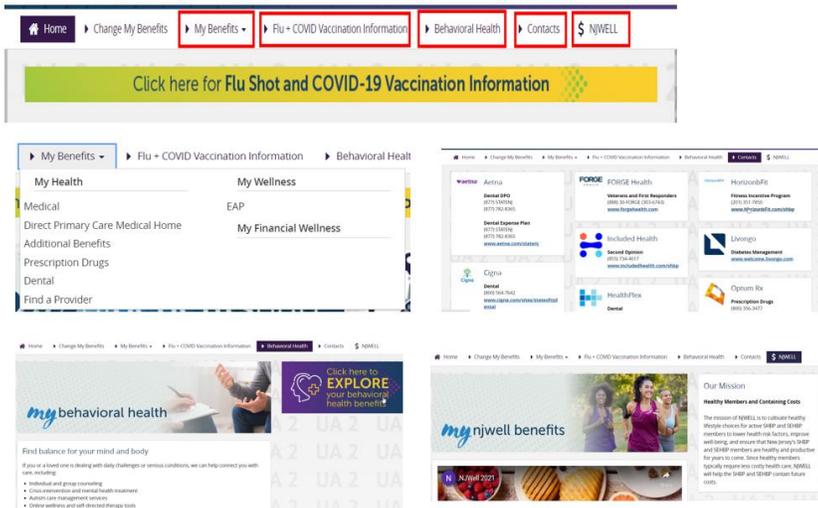
Name

	COVID-19 FAQ Resource Guide
	Covid Test Benefit Q and A
	Horizon NJWell DEC - WEBINAR
	Flu Vaccine
	SEHBP Calculate your Medical and Dental Costs Link
	Chapter 375 Rates - Education Employees and Retirees
	Qualifying Life Events
	Top Sites



Q: What other benefits are available to employees and who are our carriers?

A: Employees can click on the microsities found on the homepage for additional benefits along with each carrier and their contact information. The microsities will also provide current hot topics along with and pending due dates (upcoming due dates for health risk assessments, notices from carriers, etc.)



The screenshot displays the mynjbenefitshub website with several key elements highlighted in red boxes:

- Navigation bar: Home, Change My Benefits, My Benefits, Flu + COVID Vaccination Information, Behavioral Health, Contacts, NJWELL.
- Banner: Click here for Flu Shot and COVID-19 Vaccination Information.
- My Health and My Wellness sections.
- Microsites for various carriers: Aetna, FORGE Health, HorizonBlue, Optima Rx, and others.
- Behavioral Health section with a call to action: Click here to EXPLORE your behavioral health benefits.
- NJWELL benefits section with a call to action: Click here to EXPLORE your NJWELL benefits.