

Benefitsolver Retiree Quick Reference Guide

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How to Access Your Health Benefits Online

[Log Into Benefitsolver Via myNewJersey](#)

[Log Into Benefitsolver Directly \(through URL\)](#)

[Explore mynjbenefitshub](#)

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Log Into Benefitsolver Via myNewJersey

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Log into your **myNewJersey** account to access Benefitsolver, also known as **mynjbenefitshub**. This will allow you to access your Benefitsolver account with a “single sign-on”. You do not need a second password to access Benefitsolver while you are logged into myNewJersey.

To access your myNewJersey account visit the State of New Jersey website at **www.nj.gov** and then click the **Login** link. This link is located in the upper left side of the State’s home page.



Enter your **Login ID** and **Password**.



The image shows the myNewJersey login page. At the top left is the myNewJersey logo. Below it is the heading "Log In to myNewJersey". There are two input fields: "Login ID:" and "Password:". Below the fields is a blue "Log In" button. At the bottom of the form are three links: "Forgot your login ID?", "Forgot your password?", and "Need help?".


If you need help accessing your account, please utilize the links on the login page.

- Use **Forgot your login ID** – if you don’t remember your myNewJersey account login ID.
- Use **Forgot your password?** – if you know your myNewJersey login ID, but forgot your password.
- Use **Need help?** – If you have a more complex myNewJersey account access issue.

Once you have logged in, scroll down toward the bottom of the page and toward the lower left you should see buttons to access **MBOS and EPIC** (for pensions), and **Benefitsolver** (for health benefits).

Pensions and Benefits

**Pensions and Benefits
Information Connection**



Click the button below to access pensions and benefits information:

Click the button below to access health benefits information:

If you have logged into your myNewJersey account, but don't see the Benefitsolver button, you may need to follow these steps:

Go to the New Jersey Division of Pensions and Benefits (NJDPB) website at www.nj.gov/treasury/pensions and follow the instructions provided under **Log In via MyNewJersey** to add the Benefitsolver button to your myNewJersey account.

— Access Benefitsolver

Provide the information below:



Welcome to SHBP/SEHBP Health Benefits Registration

Registration is for the exclusive use of SHBP/SEHBP Subscribers

If you are not authorized to use this site, please exit.
Unauthorized access is subject to prosecution to the fullest extent of
the law.

Please Enter The Required Registration Information Below

Email

Confirm Email

SSN

Date of birth [mm-dd-yyyy]

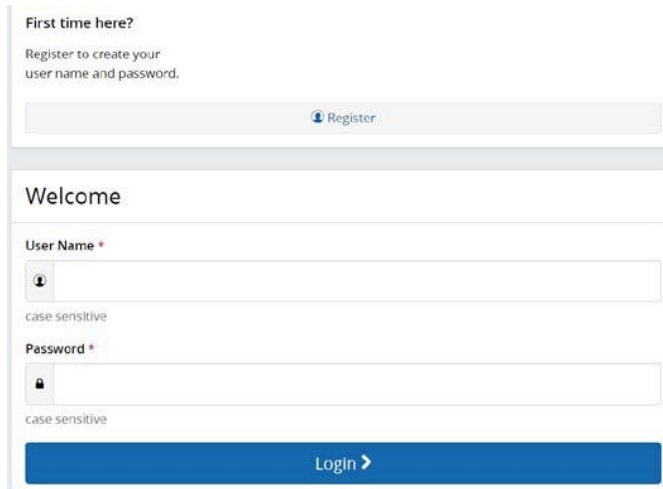
You should then see the Benefitsolver button when you log back into your myNewJersey account.

[Return to top of section](#)

Log Into Benefitsolver Directly (Through URL)

[Return to top of section](#)

You Can Also Log Into Benefitsolver Directly Through the mynjbenefitshub URL



First time here?
Register to create your user name and password.

Welcome

User Name *

case sensitive

Password *

case sensitive

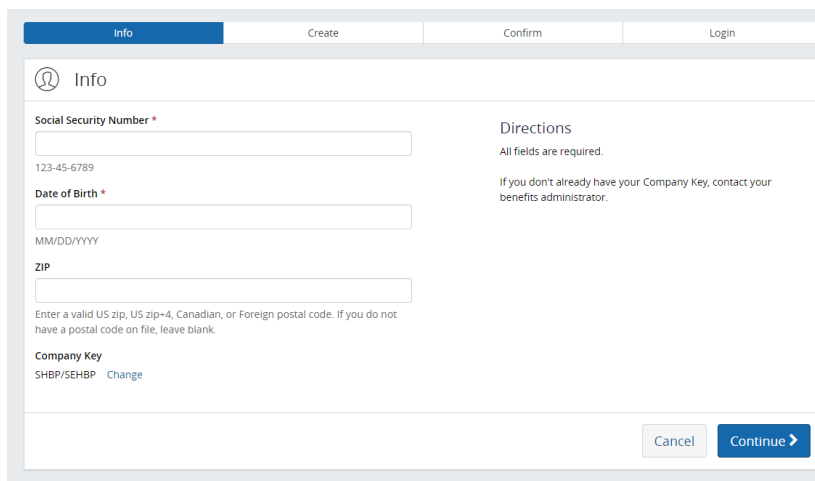
Logging in through your **myNewJersey** account is the easiest method to access Benefitsolver for most retirees.

Access the mynjbenefitshub website at <http://mynjbenefitshub.nj.gov>

You may also access your Benefitsolver account by copying & pasting the web address (or manually typing the URL) in your internet browser.

If you have never accessed your health benefits through mynjbenefitshub before, click **Register** to create your User Name and Password.

To create your account, you will need to enter your Social Security number, date of birth, and zip code. The Company Key is **SHBP/SEHBP**.



Info Create Confirm Login

Info

Social Security Number *

123-45-6789

Date of Birth *

MM/DD/YYYY

ZIP

Enter a valid US zip, US zip+4, Canadian, or Foreign postal code. If you do not have a postal code on file, leave blank.

Company Key


SHBP/SEHBP [Change](#)

Directions
All fields are required.
If you don't already have your Company Key, contact your benefits administrator.

MFA Required to Login to Account

Both **myNewJersey** and **mynjbenefitshub.nj.gov** require Multi-Factor Authentication (MFA) in order for you to log in.

This greatly increases security to your account. In addition to your usual password, you will also receive a text message (or the option to receive an email) with a code you must enter in order to login. The MFA code will expire shortly afterwards to ensure that security to your account is not compromised.

 Multi-Factor Authentication

Set Up Multi-Factor Authentication

Why multi-factor authentication?

Adding multi-factor authentication could protect your account even if your password was hacked or stolen.

How does Multi-Factor Authentication Work?

When logging in:


1. Enter your normal Username and Password.
2. A second form of authentication is then completed on your personal device.

We will remember your device to secure future logins.




[Setup](#)

Select your Multi-Factor Authentication method:

- A verification code sent via text message is the most common method.
- If you do not have a cell phone to receive the code via text message, click the link next to **Don't have a phone?**


 Multi-Factor Authentication

Multi-Factor Authentication Method

	Setup Multi-Factor Authentication with your Preferred Authenticator App	Setup
	Setup Multi-Factor Authentication Through Text Message A verification code is sent by text message. Don't have a phone? Click here	Setup
	Setup Multi-Factor Authentication Through Email A verification code is sent by email.	Setup

Click **Setup** then enter your cell phone number and click **Send Code** to receive your temporary MFA code.

Multi-Factor Setup X


 Enter phone number

555-555-1234

We will only use this number for device security
Message and Data rates may apply

OR you can enter your email address to receive the verification code via your email account.

Multi-Factor Setup X

 MFA Email Label

Some common access issues with logging in and how to resolve them:

Problem: User has a myNewJersey account but doesn't see a Benefitsolver button displayed.

Action: See page 5 for instructions.

Problem: User gets "date of birth has invalid format" error on first page of self-registration.

Action: Utilize a different/updated browser version. Some older internet browsers will display this error.

Problem: User can't remember their myNewJersey ID or password.

Action: User needs to click the **Forgot Your Login ID** or **Forgot Your Password** link on the myNewJersey log in page.

Problem: User is unable to receive messages from the **Forgot Your Login ID** or **Forgot Your Password** links because their email address changed or they can't answer their challenge question.

Action: User must contact the myNewJersey help desk: at:

<https://my.state.nj.us/mynjhelp/HelpRequest?page=start>

Problem: User has multiple myNewJersey accounts.

Action: Advise the user that myNewJersey accounts can't be merged yet, please continue to use the separate myNewJersey accounts. See the preceding two items if the user can't remember their Login ID.

What To Do If You Still Can't Log In:

Call the NJDPB Office of Client Services at (609) 292-7524.

[Return to top of section](#)

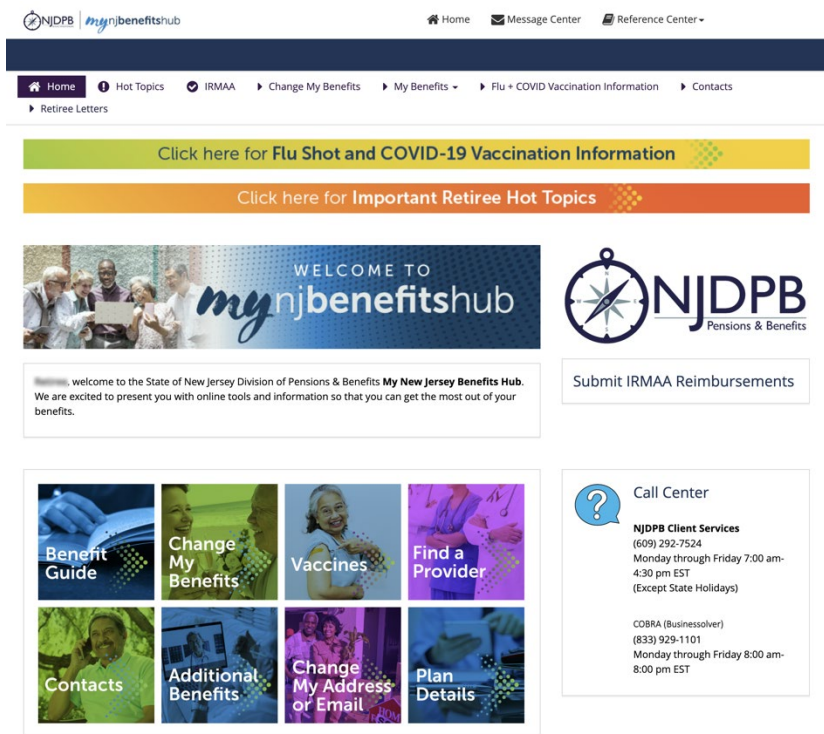
Explore mynjbenefitshub

[Return to top of section](#)

Exploring the Hub

You can “Explore Your Benefits” through **mynjbenefitshub** (Benefitsolver) and learn about the benefits offered through the State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP).

Below is what your Benefitsolver home page will look like when you login.



The screenshot shows the mynjbenefitshub home page. At the top left is the NJDPB logo and 'mynjbenefitshub' text. To the right are navigation links: Home, Message Center, and Reference Center. Below this is a dark blue navigation bar with links: Home, Hot Topics, IRMAA, Change My Benefits, My Benefits, Flu + COVID Vaccination Information, and Contacts. Underneath are two promotional banners: 'Click here for Flu Shot and COVID-19 Vaccination Information' and 'Click here for Important Retiree Hot Topics'. The main content area features a 'WELCOME TO mynjbenefitshub' banner with a group of people. To the right is the NJDPB logo and a 'Submit IRMAA Reimbursements' button. Below the welcome banner is a text box: 'welcome to the State of New Jersey Division of Pensions & Benefits My New Jersey Benefits Hub. We are excited to present you with online tools and information so that you can get the most out of your benefits.' To the right is a 'Call Center' box with contact information for NJDPB Client Services and COBRA (Businessolver). At the bottom left is a grid of service tiles: Benefit Guide, Change My Benefits, Vaccines, Find a Provider, Contacts, Additional Benefits, Change My Address or Email, and Plan Details.

At the very top next to your name in the upper right hand corner you will see the following links.

The **Home** button, **Message Center** and the **Reference Center**.

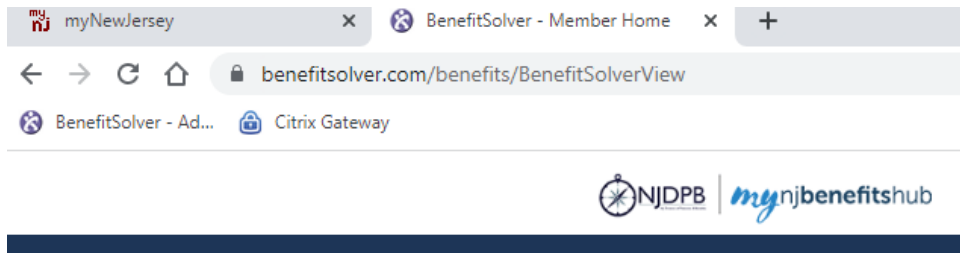


The screenshot shows the top navigation bar of the mynjbenefitshub website. It includes the NJDPB logo and 'mynjbenefitshub' text on the left. On the right, there are navigation links: Home, Message Center, Reference Center, and Retiree Letters.

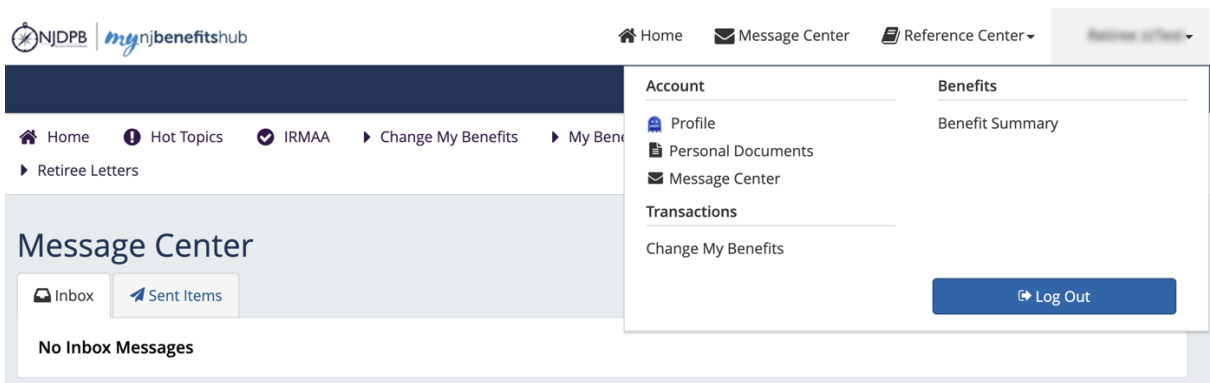
The **Home** button is used to return back to your main home page.

Important - Benefitsolver doesn't allow you to use your internet browser's "back arrow". You will have to log in again if you use the back arrow to try to return to the previous page.

Use the **Home** button instead to return to your home page.

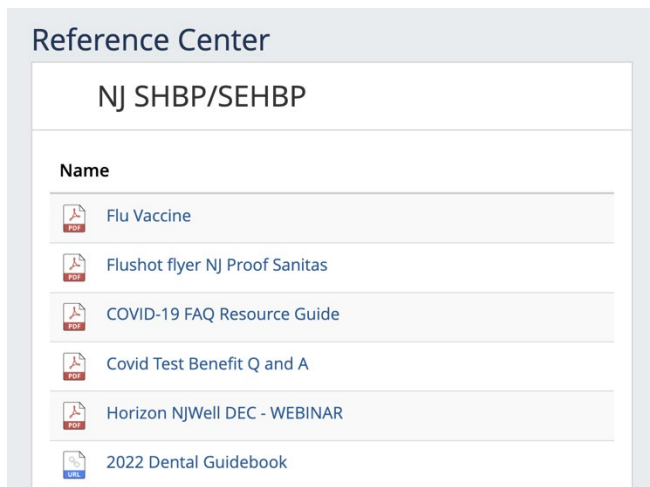


In the **Message Center**, you will see important emails.

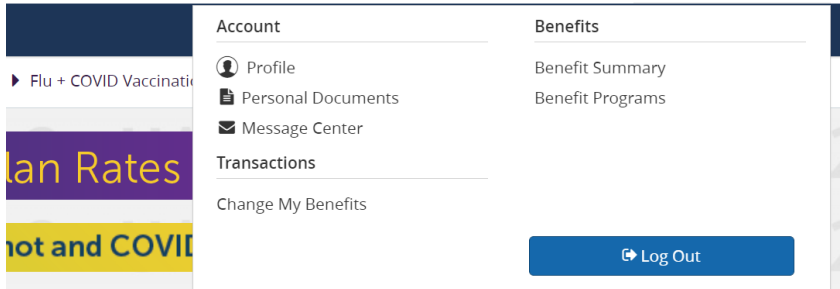


The **Reference Center** houses many documents for Administrator use, but the documents can be viewed by you as well.

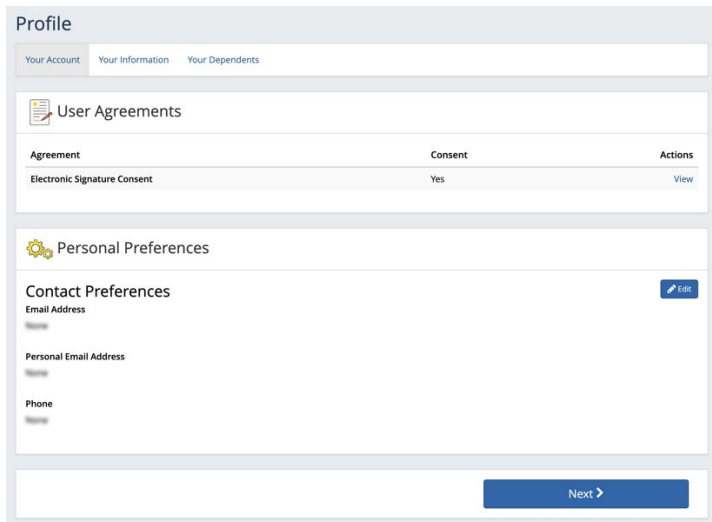
Relevant documents also appear elsewhere in the hub so you should not need to access this tab.



If you click your **name** to the right of the **Reference Center** you will see these links appear:



Under **Profile** you will see information about your account. Such as your user name and password. You can edit your password and security questions here.

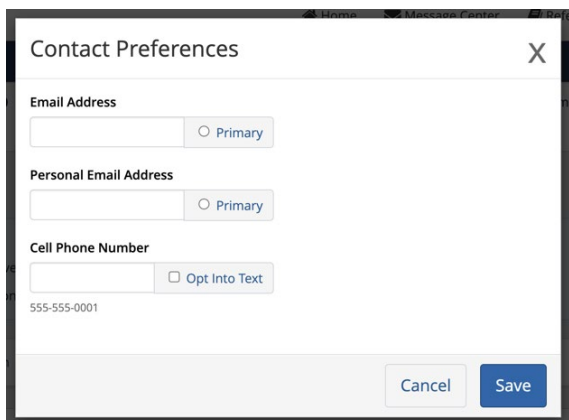


Password
..... [Change](#)

Security Phrase



And edit your email contact preferences.



Your Information displays your main demographic information and contact information (address and phone number).


 About You

Name	Gender	Date of Birth	Zip	Social Security Number
XXXXXXXXXX	Female	01/01/1980	07000	000-00-0000

Your Dependents will list the dependents you have added to your account.

Profile

Your Account Your Information **Your Dependents**

 Dependents

No Dependents Listed

[< Previous](#)

Personal Documents will show messages sent to you by Businessolver either through the mail or via email. They are all stored here. Your new retiree health benefits offering letter can be viewed here. Any Businessolver letter sent via regular mail can be viewed here.




Personal Documents

Title	Created
There are no documents currently available.	

The **Message Center** can also be accessed here through your **Account**.

[Home](#)
 [Message Center](#)
 [Reference Center](#)

Account


-  Profile
-  Personal Documents
-  **Message Center**

Transactions

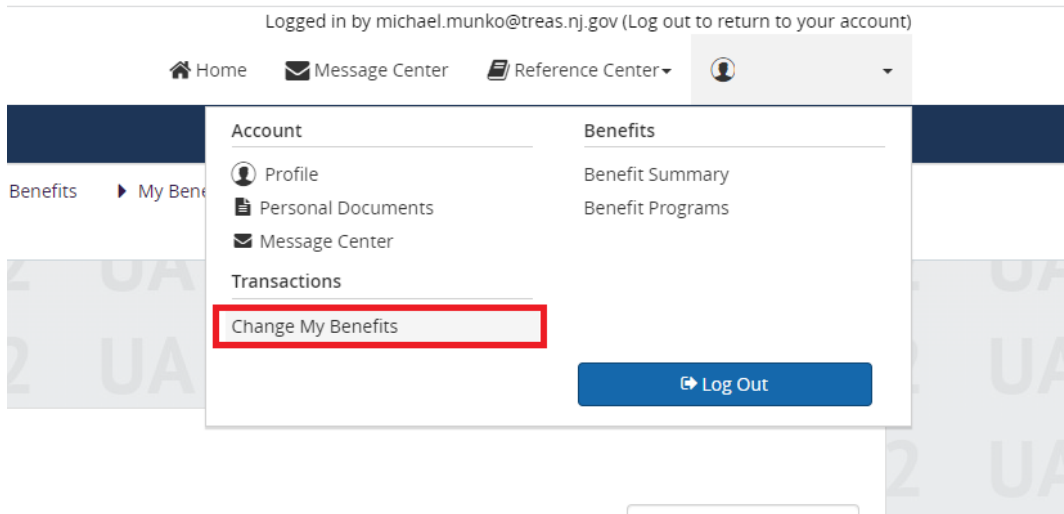
- Change My Benefits

Benefits

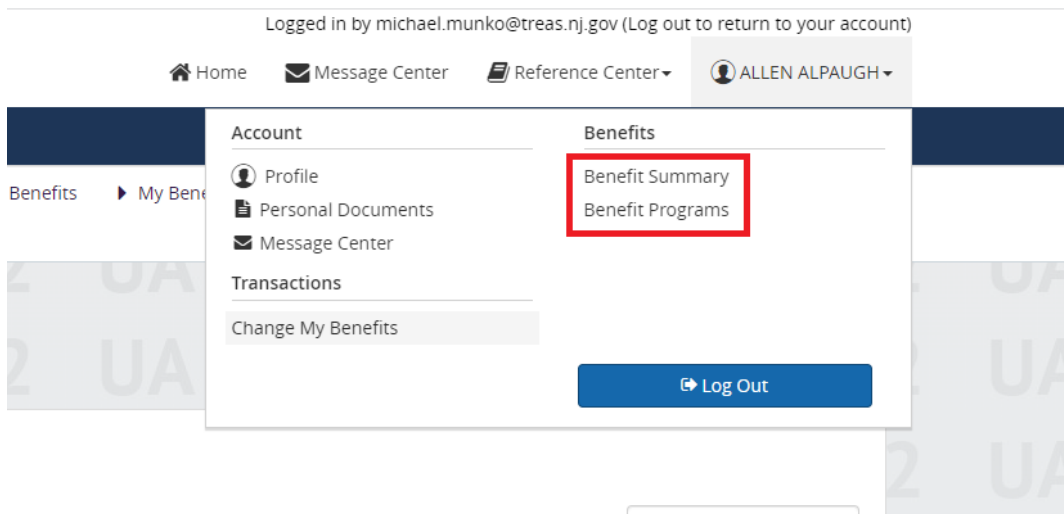
- Benefit Sumr
- Benefit Progr



Under **Transactions** you will see the enrollment opportunities available to you. As a retiree, typically you will only see **Change My Benefits** listed here. If you are a new retiree, you would also see your initial new retiree enrollment window linked here, in addition to, the new retiree enrollment window banner you would see across the top of your home page.



Under **Benefits** you can view your **Benefits Summary** and other **Benefits Programs**.




The **Benefits Summary** will show you a summary of your enrollment and demographic information. You should review this information to verify its accuracy. You also can view your **Benefits Summary** in a printable PDF version.

You should review your **Benefits Summary** periodically to verify that all the information (demographic, enrollment, your dependents) in Benefitsolver is still accurate.

Return Home PDF

Benefit Summary



Benefit Summary Generated On 12/15/2022 At 11:21:33 CST

▼ About You

Your Information

Name	[Redacted]
Address	[Redacted]
Date of Birth	[Redacted]
Gender	[Redacted]

▼ Dependents - 0

No Dependents Listed


Election Information

Current


Finally, **Benefit Programs** will link you to other resources and benefits available to you as a retiree.

Benefit Programs


Use the links below to directly connect to your available vendors and resources.




Care Navigation



Nurseline



Telemedicine



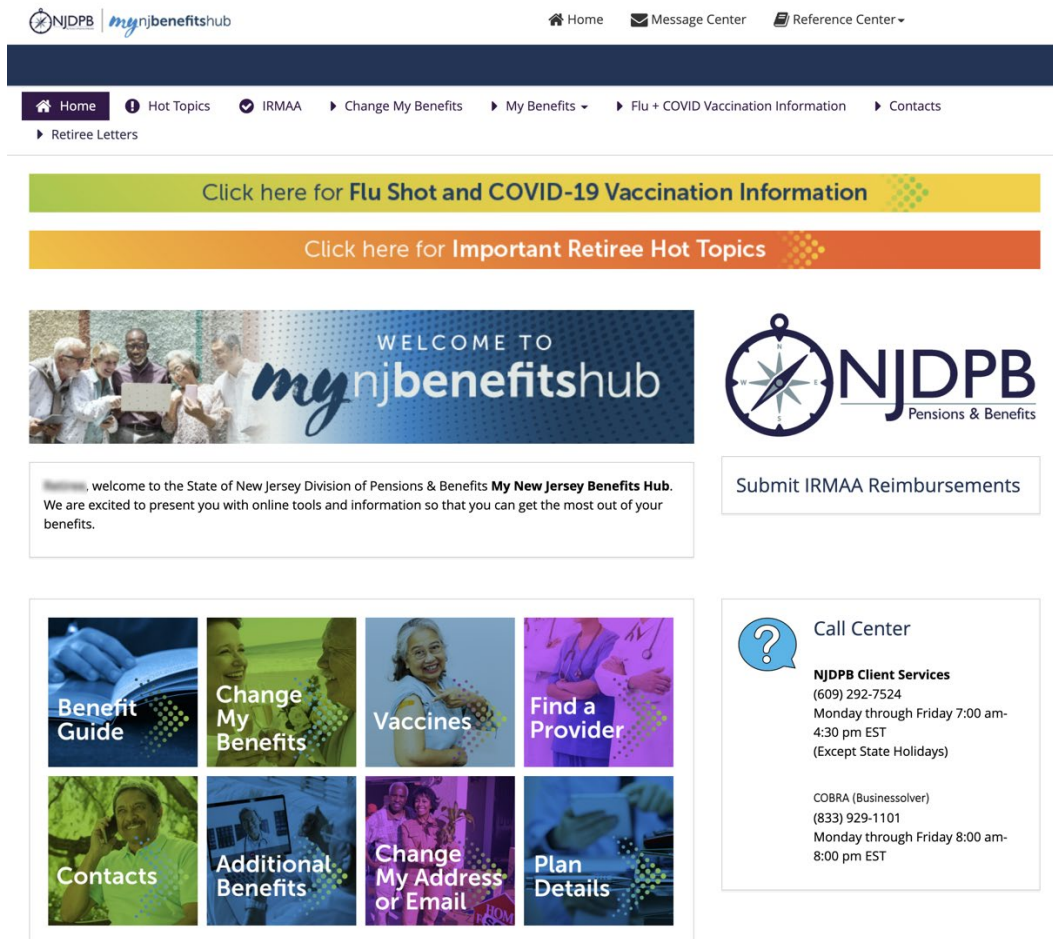
Hi, I'm Sofia!

When you are ready to **Log Out** of Benefitsolver, this is where you will find the **Log Out** button.

<p>Account</p> <hr/> <ul style="list-style-type: none"> Profile Personal Documents Message Center <p>Transactions</p> <hr/> <p>Change My Benefits</p>	<p>Benefits</p> <hr/> <ul style="list-style-type: none"> Benefit Summary Benefit Programs
---	--

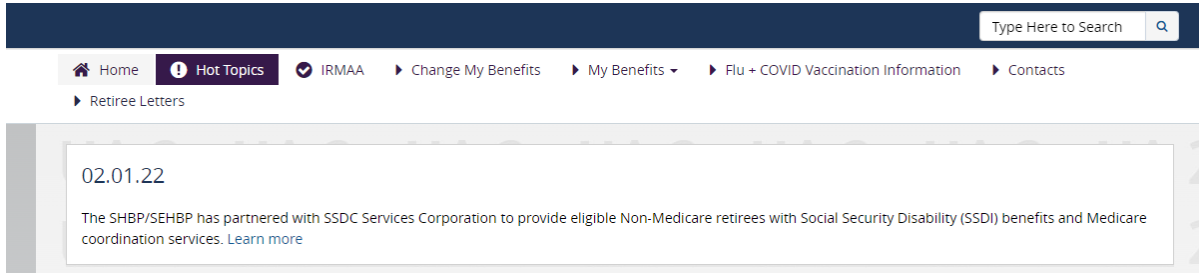
[Log Out](#)

We recommend taking the time to explore the site and familiarize yourself with each of the tabs along the top of your home page. To the right of the **Home** button you will see other tabs like in the image below. Here is a brief tour of what you will find on the pages linked to each of these tabs.



The screenshot shows the top navigation bar with links for Home, Message Center, and Reference Center. Below this is a secondary navigation bar with links for Home, Hot Topics, IRMAA, Change My Benefits, My Benefits, Flu + COVID Vaccination Information, and Contacts. Two prominent banners are visible: one for Flu Shot and COVID-19 Vaccination Information, and another for Important Retiree Hot Topics. The main content area features a 'WELCOME TO mynjbenefitshub' banner, a 'Submit IRMAA Reimbursements' button, and a grid of service tiles including Benefit Guide, Change My Benefits, Vaccines, Find a Provider, Contacts, Additional Benefits, Change My Address or Email, and Plan Details. A 'Call Center' information box provides contact details for NJDPB Client Services and COBRA (Businessolver).

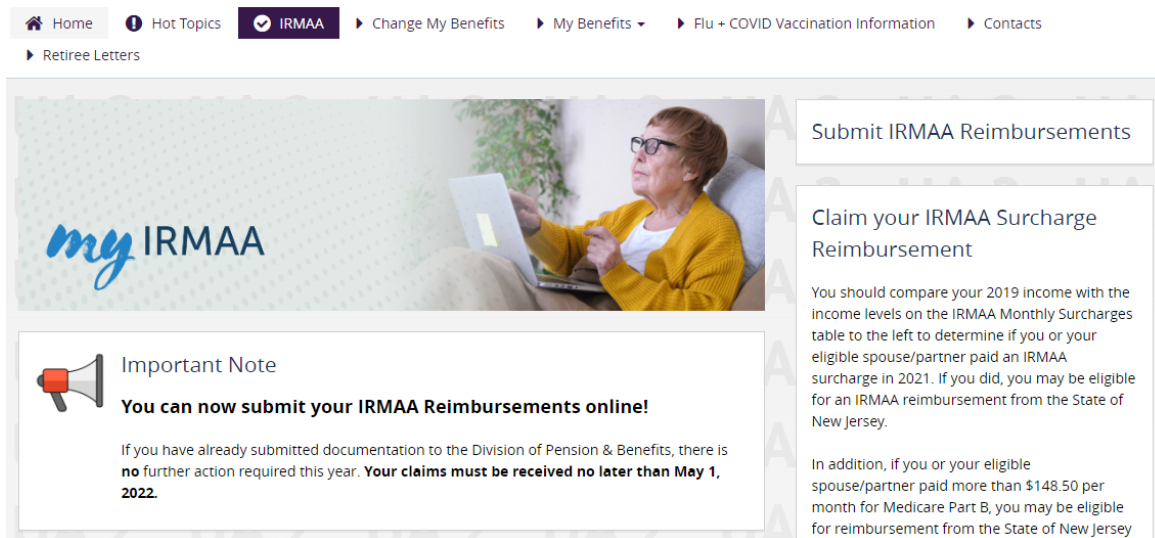
The **Hot Topics** page will keep you up to date on any important announcements



02.01.22

The SHBP/SEHBP has partnered with SSDC Services Corporation to provide eligible Non-Medicare retirees with Social Security Disability (SSDI) benefits and Medicare coordination services. [Learn more](#)

The **IRMAA** (Income Related Monthly Adjustment Amount) page is only applicable if you are a Medicare eligible retiree who has income above a certain level. This page provides all the information you'll need to request your year-end reimbursement of Medicare IRMAA premiums. If you and/or your spouse are enrolled in Medicare Part B and/or Medicare Part D, you may be able to submit a reimbursement for those premiums through your Benefitsolver account.



Submit IRMAA Reimbursements

Claim your IRMAA Surcharge Reimbursement

You should compare your 2019 income with the income levels on the IRMAA Monthly Surcharges table to the left to determine if you or your eligible spouse/partner paid an IRMAA surcharge in 2021. If you did, you may be eligible for an IRMAA reimbursement from the State of New Jersey.

In addition, if you or your eligible spouse/partner paid more than \$148.50 per month for Medicare Part B, you may be eligible for reimbursement from the State of New Jersey

Important Note

You can now submit your IRMAA Reimbursements online!

If you have already submitted documentation to the Division of Pension & Benefits, there is **no** further action required this year. **Your claims must be received no later than May 1, 2022.**

The **Change My Benefits** tab will take you to the page below where you can make updates to your **Profile** or changes your benefits. You will also find information here to assist you will the enrollment process.

For example, when you click **Qualifying Life Event**, the section will expand to display the information.

Changing my benefits

- ▼ Qualifying Life Event

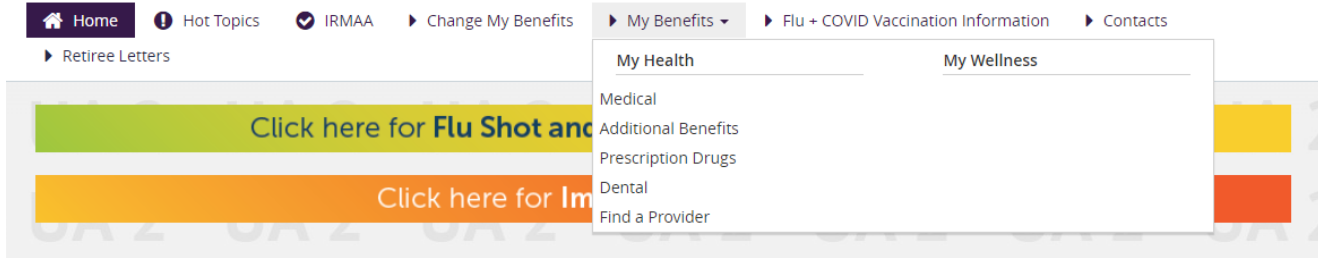
You can make changes to your benefits if you experience a qualifying life event. These include marriage, divorce or birth or adoption of a child. The change(s) you make must be consistent with the qualifying event, and you must make them within 60 days of the event. Once you make a plan change, you can not change plans again for 12 months.

To make the change:

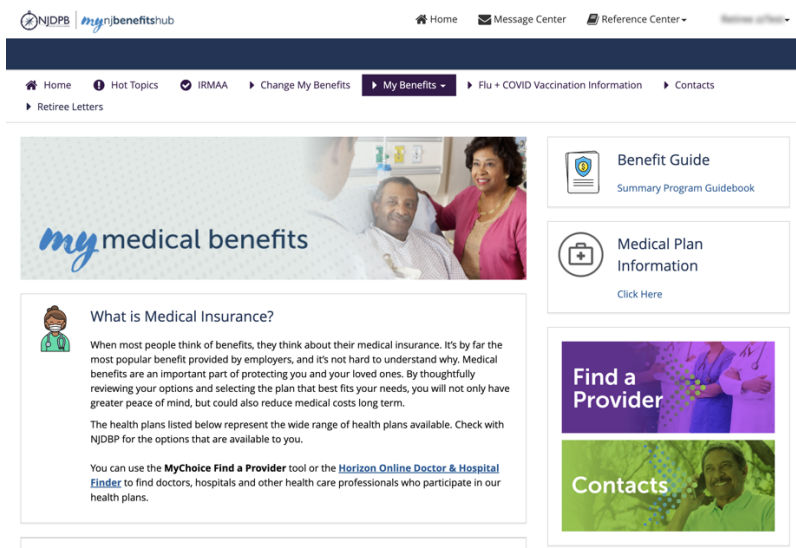
1. Choose **Change my benefits**.
2. Select **Life Event** and select the option that describes your event.
3. Follow the steps to change your benefits.

- ▶ Dependent Verification

The **My Benefits** tab also includes many important links to help you navigate the site.



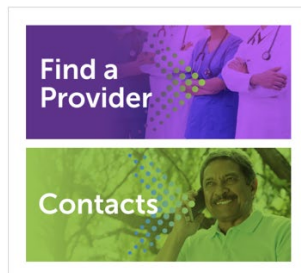
The **Medical** link under **My Health** will bring you to the **Medical** page where you will find a wealth of information.



Most retirees are very familiar with the “big three” health benefits (Medical, Prescription Drug, and Dental) but you might not be aware of the other benefits available to you through the SHBP/SEHBP.

Please take some time to look around and explore the **Additional Benefits** page.

Utilizing these free programs may help you save on out-of-pocket costs, reduce your health expenses, and improve your overall quality of life.



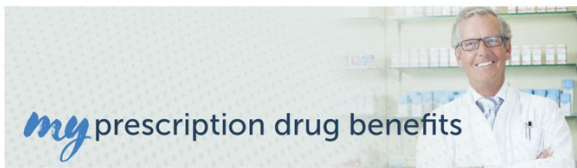
Here is a sample of some of the additional benefits currently available to you.

- ▶ Behavioral Health and Substance Use Disorder - Horizon
- ▶ Concierge Service - Horizon
- ▶ Concierge Service - Aetna
- ▶ Laboratory Services
- ▶ NurseLine - Horizon
- ▶ NurseLine - Aetna
- ▶ Retail Health Clinics - Horizon

Prescription Drug is where you will find your Prescription Drug benefits information including your plan’s formulary.

All of the retiree Medical plans have a Prescription Drug plan bundled with them. There are only a few exceptions where you would not have your drug coverage through the SHBP/SEHBP. This would usually occur if you enrolled in another Medicare Part D plan outside of the SHBP/SEHBP. If you enroll in another Medicare D plan, you would then be “bumped” out of your SHBP/SEHBP Medicare Part D plan. The State is required to follow the Centers for Medicare & Medicaid Services (CMS), which only allows Medicare retirees to be enrolled in one Medicare part D plan at a time.

There are a small number of Local Government employers that provide a private (non-SHBP) drug plan to their retirees since they have elected not to participate in the SHBP Prescription Drug program.




Prescription Drugs


Prescription drug coverage is available to all State Bi-Weekly, State Monthly, Education and Local Government retirees unless their employer has a private Rx plan.

- ▶ What happens when I become eligible for Medicare?
- ▶ How can I get my prescription filled?
- ▶ Pharmacy Vaccine Program

Let Optum Rx Help You Manage Your Medications




Benefit Guide
Summary Program Guidebook




Compare your Rx Options

- ▶ Prescription Drug




Find a Provider



Contacts

Watch the Video Below and

Dental provides information about our retiree Dental plans.



my dental benefits


Retiree Dental Coverage


You may choose to enroll in one of two different types of dental plans:

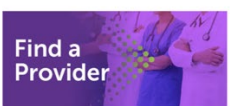
- The **Dental Plan Organizations (DPOs)** are companies that contract with a network of providers for dental services. You will need to choose from the network for services to be covered.
- The **Dental Expense Plan (DEP)** is a traditional plan that allows you to obtain services from any dentist. Preventative care is covered at 100%. For all other services, once you satisfy the deductible, you are reimbursed for a portion of covered services.


About the Plans

- ▶ Aetna DMO


 **Benefit Guide**
Summary Program Guidebook

 **Compare Dental Plans**
▶ Dental

 **Find a Provider**


 **Contacts**

The **Find A Provider** page will help you find a new in-network provider such as a specialist, local hospital, or dentist.




find a provider


Medical


 **Horizon Doctor and Hospital Finder**
Search for doctors, hospitals, urgent care, other health care professionals and more.


Need Care Now?

Dental

 Find an Aetna Dental provider

 Find a Cigna Dental Provider


 Find a Healthplex Dental Provider

 Find a Horizon Dental Provider

Flu + COVID Vaccination Info is your source for all information regarding COVID vaccinations, booster shots, and flu vaccinations.


Home Hot Topics IRMAA Change My Benefits My Benefits **Flu + COVID Vaccination Information** Contacts


▶ Retiree Letters




Flu & COVID Vaccination Information

This year, it is more important than ever to protect yourself and your loved ones from the flu. The NJDPB is offering **FREE flu vaccinations clinics** for ALL NJDPB retirees and their dependents. Schedule your appointment today! Use your Horizon or Aetna card at your primary care provider, or use your OptumRx card at a participating pharmacy.

 **Learn More About COVID-19 Resources**
Information Hub Resource Guide

 **A Letter From the Treasurer**
Download here

 **New Jersey Flu Season Resource**
NJ Health
New Jersey Department of Health

Optum Rx: Are flu shots and COVID vaccines covered?


▶ Flu Shots

The **Contacts** page is your resource to find contact information for all of the plans that participate in the SHBP/SEHBP. The contact information for the companies that provide your additional benefits are listed here too.

NJDPB | mynjbenefitshub Home Message Center Reference Center

Home Hot Topics IRMAA Change My Benefits My Benefits Flu + COVID Vaccination Information **Contacts**


Retiree Letters



Aetna


Medical
(866) 234-3129 (SHBP)
(866) 816-3662 (SEHBP)
www.aetna.com/statenj

Dental
(877) 782-8365 (Dental Expense Plan)
(877) 782-8365 (DPO)
www.aetna.com/statenj



HealthPlex


Dental
(800) 468-0600
www.healthplex.com



Call Center


NJDPB Client Services
(609) 292-7524
Monday through Friday 7:00 am-4:30 pm (Except State Holidays)

COBRA (Businessolver)
(833) 929-1101
Monday through Friday 8:00 am-8:00 pm



Cigna

Dental
(800) 564-7642
www.cigna.com/sites/stateofnj-dental



Horizon BCBS


Horizon Health Guide
(800) 414-SHBP (7427)
www.HorizonBlue.com/shbp

NJ DIRECT High-Deductible Health Plan (HDHP)
www.HorizonBlue.com/myway

Dental Choice
(800) 433-6825
www.horizonblue.com

[Find a Doctor or Hospital >>](#)



[Download the Mobile App >>](#)




Optum Rx

Prescription Drugs
(844) 368-8740 (Non-Medicare)
(844) 368-8765 (Medicare)
www.optumrx.com


Download the Mobile App:



FORGE Health

Veterans and First Responders
(888)30-FORGE (303-6743)
[FORGE Health](#)



MetLife


Dental
(866) 880-2984
www.metlife.com/dental

And finally, under **Retiree Letters** you will see copies of letters and other communications recently sent out to our retirees.


Home Hot Topics IRMAA Change My Benefits My Benefits Flu + COVID Vaccination Information **Contacts**

Retiree Letters


Recent Mailings



Review Postcard >
Mailed May 26, 2022



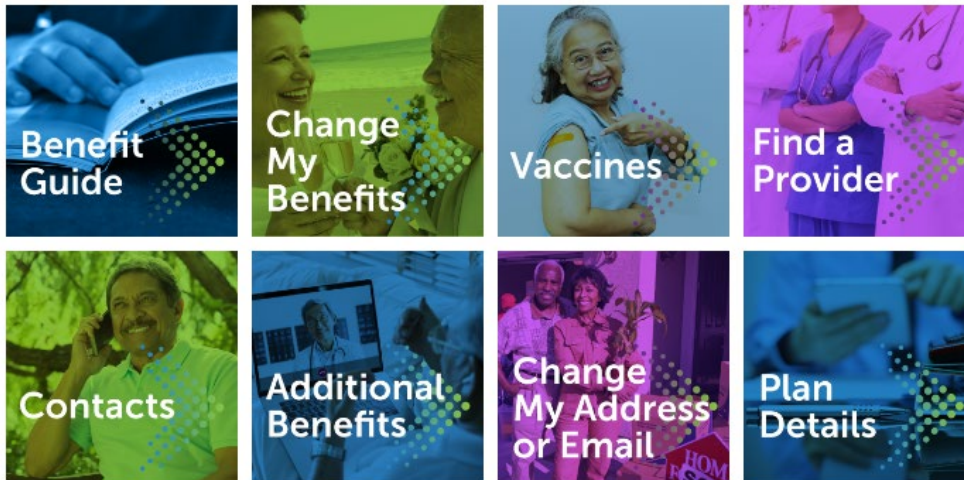
Review Postcard 2 >
Mailed November 19, 2021



Review Newsletter >
Mailed December 13 & 14, 2021

You will notice that a few of the most common links are also prominently displayed together further down on your home page.

For example, you can click the **Contacts** buttons here to access the **Contacts** page that was just shown above.



The **Call Center** contacts are listed here.

Businesssolver is the administrator for our COBRA population, so if you have any COBRA related questions you would call their toll free number listed here.



Call Center

NJDPB Client Services

(609) 292-7524

Monday through Friday 7:00 am-4:30 pm EST

(Except State Holidays)

COBRA (Businesssolver)

(833) 929-1101

Monday through Friday 8:00 am-8:00 pm EST

Publications and resources posted on the NJ Division of Pensions and Benefits (NJDPB) website can be accessed through your Benefitsolver account home page. Here you can view plan overviews and plan rate charts.

2023 Plan Rates - Coming Soon
▶ Plan Rates- State and Local Gov Retirees

2023 SHBP Side-by Side Plan Comparisons
▶ Medical
▶ Dental
▶ Review Your Plan Choices

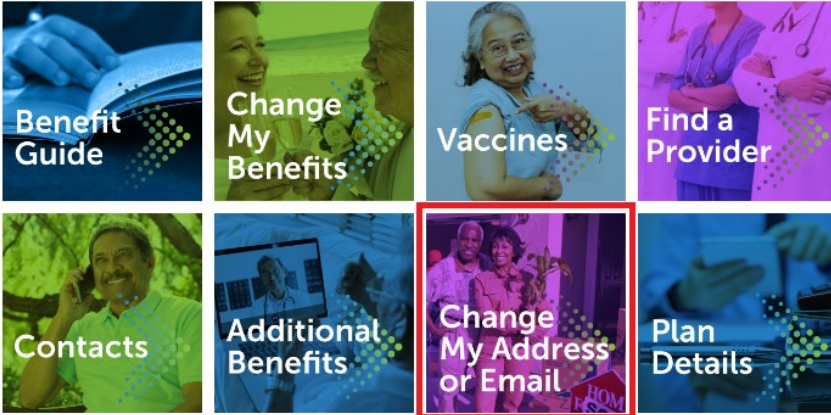
The **Fact Sheets** provide a wealth of information on various topics. The **Summary Program Guide** is a great general overview of your SHBP/SEHBP program benefits. The third link will take you to the NJDPB website

	<h3>NJ SHBP/SEHBP Plan Information</h3> <p>Click here for Your Benefits Fact Sheets Click here for Your Summary Program Guidebook Click here for Your NJ DPB Health Benefits Information</p>
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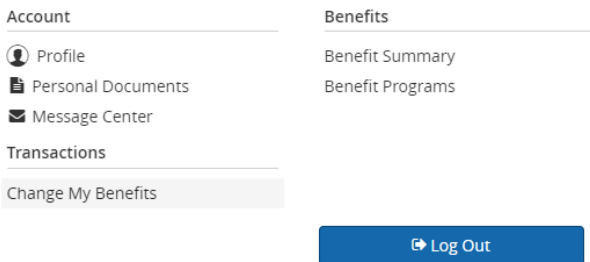
Before we walk you through the Benefitsolver enrollment process step-by-step...

Always check the accuracy of your contact information even if you are not making any changes to your coverage. **It is very important to have a valid mailing address in Benefitsolver.** If you have an email address on file, please keep that up to date as well, since the Benefitsolver system also sends important enrollment reminders and information about your benefits via email.

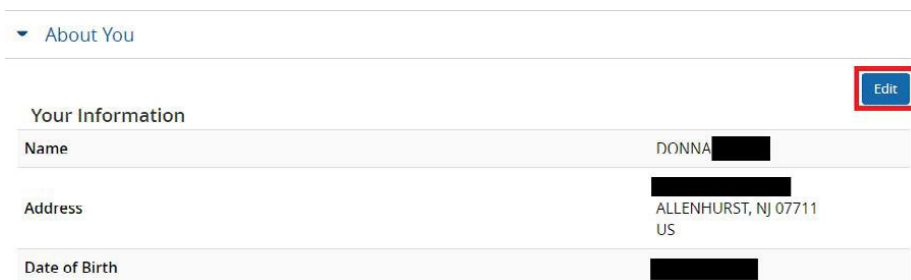
Your contact information can be updated by clicking the **Change My Address or Email** icon.



Or via **Profile** under **Account** which is below your name in the upper right-hand corner.



When you are enrolling in coverage or changing your coverage, you will also have the opportunity to update your demographic information during the enrollment process. If those fields do not come up automatically, click **Edit** in the **About You** section to update your contact information.



Note: Although your address in Benefitsolver will feed over to the health carriers (i.e. Aetna, Horizon, Optum Rx etc.), you would still need to update your address for pension related purposes. Benefitsolver does not update the address in your pension account.

[Return to top of section](#)

New Retirees

[Overview](#)

[Retiree Enrollment Process \(non-Medicare\)](#)

[Retiree Enrollment Process \(Medicare\)](#)

[Return to contents](#)

Overview

[Return to top of section](#)

Enrolling In Benefits Through Benefitsolver

- When first enrolling in retiree coverage, you have up to 60 days after the effective date of your retired coverage to enroll or make changes to your elections.
- Retirees can enroll in previously waived coverage at any time, but a letter showing proof of the loss of your other group coverage must be uploaded in Benefitsolver within 60 days of the loss of coverage event to avoid any gap in your coverage.
- Retirees can add dependents at any time when there is a Qualifying Life Event such as a birth or a marriage. The enrollment window for life events is within 60 days from the date of the life event.
- A retiree can also add a dependent at any time if their dependent(s) experiences coverage loss from another qualifying plan. A letter showing proof of the loss of their other group coverage must be uploaded in Benefitsolver within 60 days of the loss of coverage event to avoid a gap in their coverage.
- Retirees can add dependent(s) at any time without a life event or a loss of other coverage event, but the effective date of their coverage would be the first of the month following a 60-day waiting period. The dependent(s) could have a gap in their coverage as a result of this enrollment waiting period.

When does your coverage begin?

- If you were previously paid through Centralized Payroll (State Biweekly employee) you will be covered for two additional pay periods upon your active member termination. Your retiree coverage will start when your active coverage terminates.
- All other employees retiring from an employer that is participating in the SHBP/SEHBP will be covered for one additional month beyond your retirement date and then your retiree coverage will start.
- If you worked for a SEHBP employer that did not participate in the SEHBP while you were actively working your retiree coverage will start as of your retirement date.
- **Note:** It is not permissible to have any gap in your coverage from active employee status to retired benefits status. Your coverage must be continuous. If you are eligible for COBRA, it would be possible to bridge the gap from active to retired with COBRA coverage to maintain your eligibility for retiree health benefits.

Auto-Enroll From Active Enrollment

Businessolver will mail new retirees a letter offering the opportunity to enroll in SHBP/SEHBP retired health benefits. The letter will also tell you if you will be “auto-enrolled” into retiree health benefits. If so, you will transfer into the corresponding retiree equivalent of the plans that you were previously enrolled in as an active employee.

- If you had active employee coverage through a participating SHBP/SEHBP employer upon retirement, your coverage will automatically be carried over to the retiree group and you will be placed in the corresponding retiree plans.
- Covered dependents will also be carried over into retiree coverage.
- If you are satisfied with your auto-enrollment coverage then no further action is required.
- If you wish to change your plans or add/delete covered dependents, you may do so through Benefitsolver during your new retiree enrollment period.
- You must then remain in your retiree plans for at least 12 months before you can make another plan change.
- If you wish to terminate or waive your coverage, you must do so through Benefitsolver within 60 days of your enrollment date. (After your initial enrollment period your termination or waiver would be processed prospectively - effective the last day of that month.)

Auto-Enrollment And Medicare

- If you and your spouse are both ineligible for Medicare, you will auto-enroll into a corresponding non-Medicare retiree plan.
- If you and your spouse are both enrolled in Medicare, you will auto-enroll into a corresponding Medicare Advantage plan.
- If either you or your spouse are Medicare eligible, but the other is not, you will be placed in a corresponding Medicare or non-Medicare plan accordingly. Any dependent children will be placed in the corresponding non-Medicare plan.
- You must select a non-Medicare Advantage plan in order to add any children or a non-Medicare eligible spouse/partner. (Choosing this plan will still automatically enroll any Medicare members/dependents in the equivalent Medicare plan)

Reasons You Would Not Auto-enroll

- You were not enrolled in coverage under the SHBP/SEHBP as an active employee.
- Your former SEHBP employer no longer participates in SEHBP.
- You are eligible for Medicare and your proof of enrollment in Medicare Parts A and B has not yet been entered into Benefitsolver and as a result your enrollment is in a “pending” status.

If your offering letter indicated that you will not be auto-enrolled into retired health benefits you must login to Benefitsolver to select your plans or waive your retiree benefits.

New Retiree Enrollment Process (Auto-enroll)

New retirees will receive a retired health benefits offering letter from Businessolver notifying them of their eligibility for retiree health benefits through the SHBP/SEHBP. The letter will indicate that you will be “auto-enrolled” into retired coverage. You should log in to Benefitsolver and access your **Benefits Summary** to review your retiree coverage.

If you are satisfied with your coverage then no further action is required.

[Return to top of section](#)

Retiree Enrollment Process (non-Medicare)

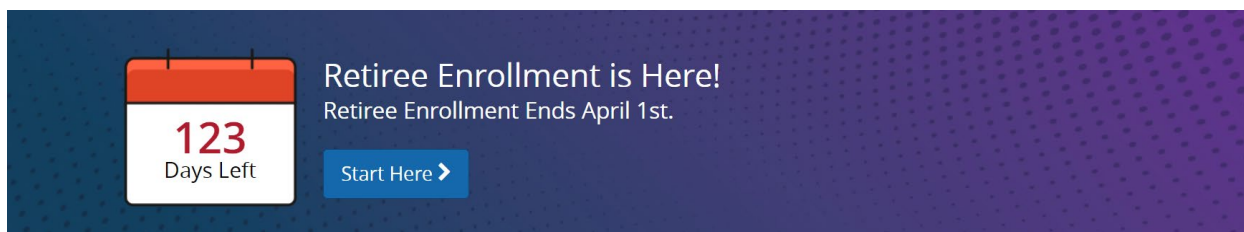
[Return to top of section](#)

New Retiree Enrollment Process (Manual Enrollment With No Medicare)

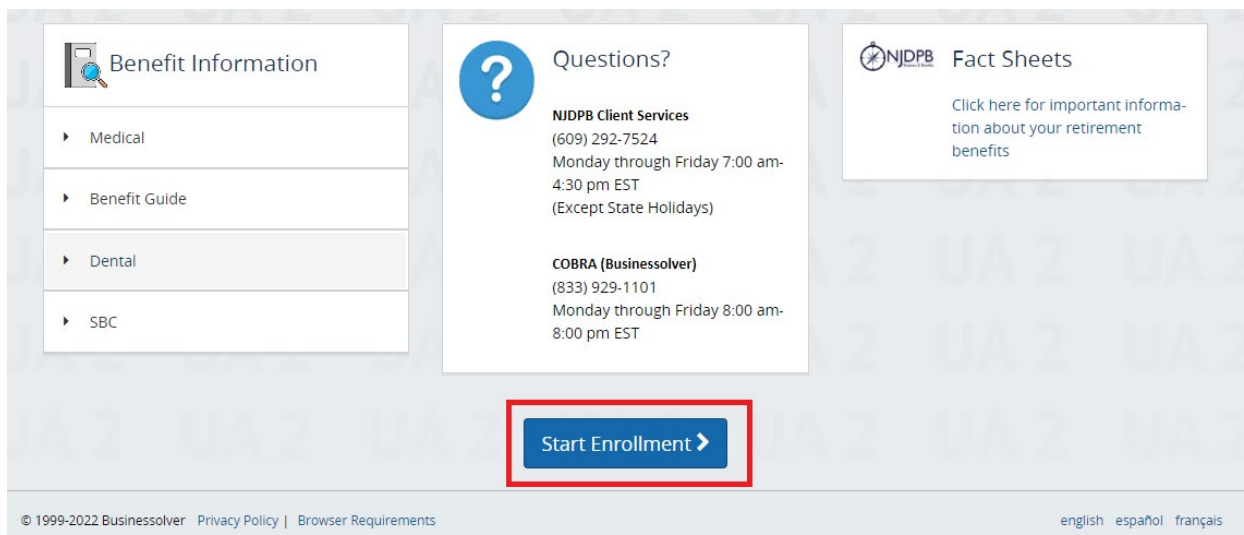
If you were not auto-enrolled into retired health benefits, or if you were auto-enrolled but want to make changes to your coverage, you may do so during your new retiree enrollment period.

You will see your enrollment period count down displayed prominently in the banner on your member home page. This feature is provided to remind you of how many days you have left to either select your retiree coverage or make changes to your retiree coverage. You can add or remove dependents or change your plans at this time. If you had selected a plan in error and want to go back and select a different plan you may still do so within this initial enrollment period.

Start by clicking the button found in the **Retiree Enrollment is Here** banner.



On the following page, click **Start Enrollment**.



Medicare Question

Before you are able to proceed with choosing your plans, you must first answer a few questions regarding your Medicare eligibility. (Any question or field with a red asterisk (*) is **required** to proceed.)

You will answer **No** if you and your spouse/partner are not yet eligible for Medicare.

Are you enrolled in Medicare? *

No

Please Select One

No

Yes

The next question should be answered as follows:

- Choose **No Medicare** if NEITHER you nor your spouse are eligible for Medicare.
- Choose **Split Medicare** if only you OR only your spouse are eligible for Medicare.
- Choose **Medicare** if BOTH you and your spouse are eligible for Medicare.

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "**Split Medicare**" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "**Split Medicare**" below. *

No Medicare

Please Select One

No Medicare

Split Medicare

Medicare

Click **Edit** to add any dependents to your coverage. (if you are taken directly to the **Add a dependent** page, please disregard this step).

Dependents - 1

Francis [REDACTED]	Member id: 002	Date of Birth: [REDACTED]	Edit
Spouse Gender: Male Is this dependent currently or planning to be enrolled in Medicare?: No			

Click **Add a New Dependent** and follow the prompts to add dependents' demographic information.

Your Family

Name	Relationship	Gender	Date of Birth	
Francis [REDACTED]	Spouse	Male	[REDACTED]	Edit
+ Add a New Dependent				
← Back		Looks Good →		

Enter your dependents' information and click **Save Changes**.

Dependent Information X

Status: Active Inactive

Is this dependent currently or planning to be enrolled in Medicare?:

Relationship: *

First Name: *

Middle Initial:

Last Name: *

Suffix:

jr., Sr., III, etc.

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.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:

123-45-6789

Cannot provide Social Security Number

Then once completed click **Looks Good**.

My Health	
Plan	Coverage
Medical Waive Medical and Enroll in Dental Retiree View Details	Coverage Waived Edit
Dental Waive Dental Retiree View Details	Coverage Waived Edit

Return to the **Summary** page, and click **Edit** next to the coverage you would like to enroll in. (If you are taken directly to a page to elect your plan, please disregard this step.)

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options No, Waive Coverage

Be sure to click the check mark for any dependents you are adding to your coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you might elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONNA [REDACTED] (Required)

Effective Date	Term Date
07/01/2022	

Francis [REDACTED] Spouse [REDACTED]

Effective Date	Term Date
07/01/2022	

Next, choose the plan you wish to enroll in.

Garden State Health Plan (099) 

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

 Other Plan Rules Apply - [View Details](#)

Plan Details Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA [REDACTED]

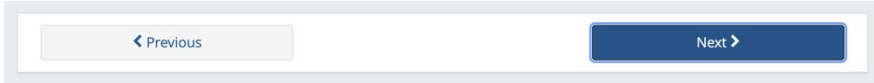
Are you covered under another SHBP/SEHBP plan? If you answer yes, then you must waive coverage. If any of your dependents are covered under another SHBP/SEHBP plan they are not eligible for enrollment under your coverage. *

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. There will be a system error that occurs later on if you proceed and create a dual enrollment. This can result in a delay while your enrollment is manually corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan in order to proceed.

Once completed, click **Next** at the bottom of the screen.

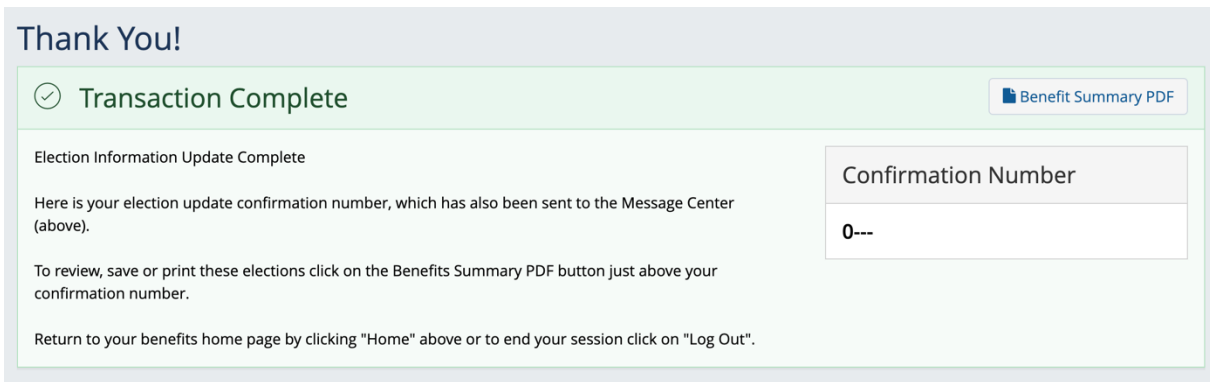


Remember: If you are in a split structure group, you must select a non-Medicare Advantage plan, in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in a corresponding Medicare plan as applicable).

Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



You will know your transaction has been submitted successfully when you receive the **Transaction Complete** screen. However, you may still need to upload documents to verify eligibility for your dependents.



Thank You!

Transaction Complete Benefit Summary PDF

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number

0---

Dependents and Required Documentation

To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, 1040 joint tax return is also required. (Tax return must be no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

To add a child we require:

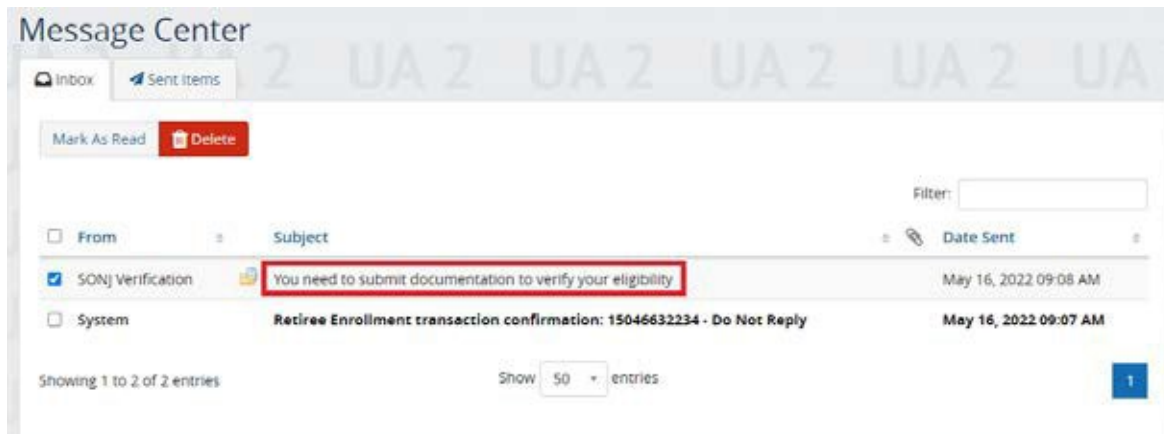
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted, being fostered or under a legal guardianship will need to have the court order document uploaded showing that the retiree has been given custody or guardianship of the child.

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



From: SONj Verification
Subject: You need to submit documentation to verify your eligibility
Date: Mon, May 16, 2022 9:08 AM
To: CYNTHIA [REDACTED]
[Upload Document](#)

You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify these changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

To: SONj Verification
From: CYNTHIA [REDACTED]
Subject: You need to submit documentation to verify your eligibility

Message

Then select, **Choose File** to upload a document.

Upload a Document

Select file(s) for upload:

[Choose File](#) No file chosen

Supported formats are: .rtf, .txt, .doc, .docx, .pdf, .jpg, .jpeg, .gif, .bmp, .png, .tif

Disclaimer: Some states and county clerk offices prohibit the photocopying of vital records (e.g. Florida, Pennsylvania, Wisconsin). Typically, there is 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."

[Return to top of section](#)

Retiree Enrollment Process (Medicare)

[Return to top of section](#)

New Retiree Enrollment - With Medicare

If you are eligible for Medicare Parts A and B either due to age (65 or older), due to a Social Security approved disability, or due to End Stage Renal Disease (ESRD) then you must be enrolled in both Medicare Part A and Part B to be eligible for SHBP/SEHBP retiree health benefits. If you decline enrollment in Medicare Part B or terminate your Part B at a later date you will lose your eligibility in the SHBP/SEHBP and your retiree coverage will be terminated.

If you or your spouse/partner were not automatically enrolled in Medicare Part A you may have to pay for the Medicare Part A premium. Enrollment in both **Medicare Part A and Part B are required**.

If your retiree coverage was terminated due to lack of proof of Medicare enrollment, you can submit a currently dated letter from Social Security providing proof of enrollment in Medicare Parts A and B. Your retiree coverage can then be reinstated prospectively.

If you had applied for Medicare in advance, your proof of Medicare enrollment should be updated automatically in Benefitsolver.

If there was any delay in enrolling in Medicare, you may have to update your proof of Medicare enrollment manually in Benefitsolver. You would then have to wait 24 hours for your Benefitsolver account to be updated before you could log in again to make any changes in Benefitsolver.

Important for all Medicare eligible retirees: To prevent any gap in coverage, please ensure your Medicare Part B effective date coincides with your retired health benefits enrollment effective date.

Retiree Split-contract

If either you or your spouse are Medicare eligible, but the other is not, you will be placed in equivalent Medicare or Non-Medicare plans accordingly, also known as “**split-contract**” coverage. Any dependent children will also be placed in the corresponding non-Medicare plan. Split-contract coverage simply means that your enrollment consists of both a Medicare enrolled member and non-Medicare enrolled member(s). Similarly, if you have family tier level coverage and you and/or your dependent spouse/partner are enrolled in Medicare you will have split-contract coverage. Dependent children are always enrolled in non-Medicare plans even if they are enrolled in Medicare due to a disability. (An example of a split-contract would be a member enrolled in the Aetna Medicare Advantage plan and the dependents enrolled in the Horizon HMO plan.)

- If you are in a split-contract, you must select a non-Medicare plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in a corresponding Medicare plan as applicable).

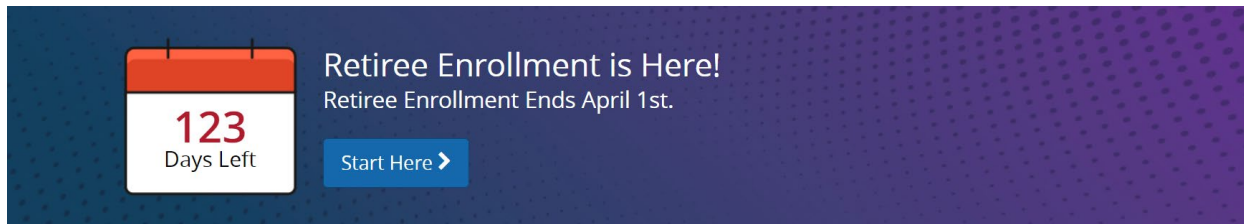
Medicare proof if you are already enrolled in retiree coverage:

- MBI and Medicare Part A and Medicare Part B effective dates are manually entered, enrollment proof (document) does not get uploaded in Benefitsolver.

If you or your spouse are enrolled in Medicare, your Medicare enrollment information may have already been updated in Benefitsolver. If not, you will be prompted to manually enter it in Benefitsolver.

If you and/or your spouse are enrolled in Medicare and were not auto-enrolled into retired health benefits, or if you were auto-enrolled but want to make any changes to your coverage, you may do so during your new retiree enrollment period.

Start by clicking the button found in the Retiree Enrollment is Here banner.

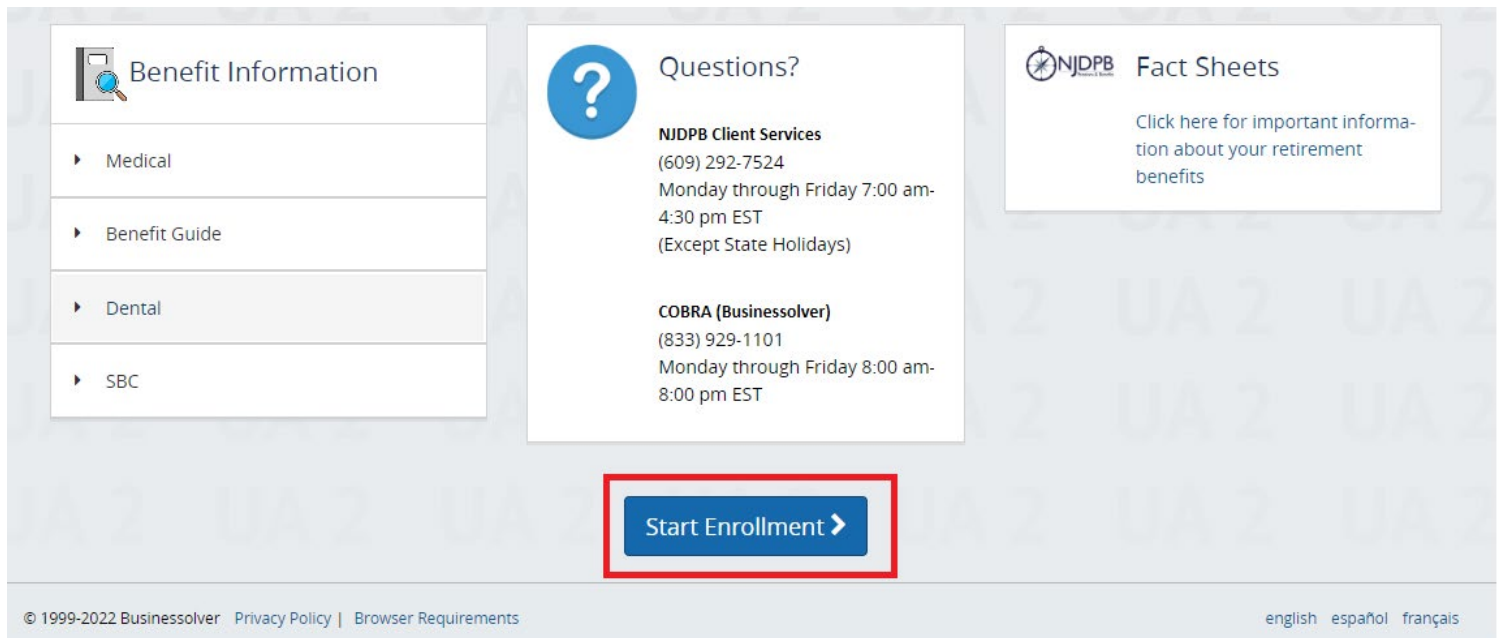


Retiree Enrollment is Here!
Retiree Enrollment Ends April 1st.

123 Days Left

Start Here >

On the following page, click **Start Enrollment**.



Benefit Information

- ▶ Medical
- ▶ Benefit Guide
- ▶ Dental
- ▶ SBC

Questions?

NJDPB Client Services
(609) 292-7524
Monday through Friday 7:00 am-4:30 pm EST
(Except State Holidays)

COBRA (Businessolver)
(833) 929-1101
Monday through Friday 8:00 am-8:00 pm EST

Fact Sheets

Click here for important information about your retirement benefits

Start Enrollment >


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english español français

Medicare Question

You will be asked this question first. (Any question or field with a red asterisk are required to proceed.)

Are you enrolled in Medicare? *

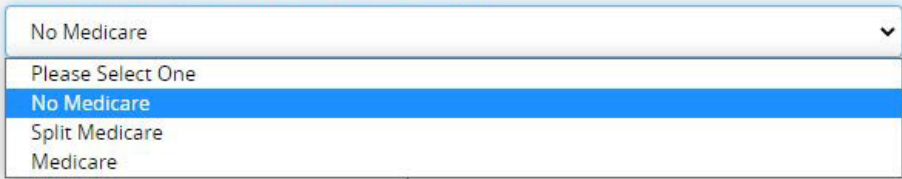


The screenshot shows a dropdown menu with the following options: 'No', 'Please Select One', 'No', and 'Yes'. The 'No' option is highlighted in blue.

The next question should be answered as follows:

- Choose **No Medicare** if NEITHER you nor your spouse are enrolled in Medicare.
- Choose **Split Medicare** if only you OR only your spouse are enrolled in Medicare.
- Choose **Medicare** if BOTH you and your spouse are enrolled in Medicare.

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "**Split Medicare**" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "**Split Medicare**" below. *



The screenshot shows a dropdown menu with the following options: 'No Medicare', 'Please Select One', 'No Medicare', 'Split Medicare', and 'Medicare'. The 'No Medicare' option is highlighted in blue.

On the next page, you will manually enter your Medicare MBI (or HICN) number if your Medicare proof has not previously been updated in Benefitsolver. You do not upload a copy of your Medicare card or letter from Social Security into Benefitsolver.

- Enter your MBI number (or HICN).
- Enter your Medicare Part A effective date.
- And enter your Medicare Part B effective date.

DONNA [REDACTED] Medicare Information

Medicare HICN/MBI: *

Please Note - the Medicare Effective Date must be on the first of the month and cannot be more than 90 days in the future.

Medicare Part A Eff Date: *
MM/DD/YYYY

Medicare Part A Termination Date

Medicare Part B Eff Date: *
MM/DD/YYYY

Medicare Part B Termination Date

Medicare Part D Eff Date:

Medicare Part D Termination Date

Click **Edit** to add any dependents to your coverage. (If you are taken directly to the **Add a Dependent** page, please disregard this step.)

Dependents - 1

Francis [REDACTED] Spouse Gender: Male Is this dependent currently or planning to be enrolled in Medicare?: No	Member Id: 002	Date of Birth: [REDACTED]	<input type="button" value="Edit"/>
---	----------------	---------------------------	-------------------------------------

Click **Add a New Dependent** and follow the prompts to add a dependent's demographic information. Then once completed, click **Looks Good**.

Your Family

Name	Relationship	Gender	Date of Birth	
Francis [REDACTED]	Spouse	Male	[REDACTED]	Edit

[+ Add a New Dependent](#)

[← Back](#) [Looks Good →](#)

Enter your dependents' information and click **Save Changes**.

Dependent Information X

Status: Active Inactive

Is this dependent currently or planning to be enrolled in Medicare?:

Relationship: *

First Name: *

Middle initial:

Last Name: *

Suffix:

Jr., Sr., III, etc.

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

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:

123-45-6789

Cannot provide Social Security Number

Then once completed, click **Looks Good**.

[Looks Good >](#)

Return to the **Summary** page, and click **Edit** next to the coverage you would like to enroll in. (If you are taken directly to a page to elect your plan, please disregard this step.)

My Health	
Plan	Coverage
Medical Waive Medical and Enroll in Dental Retiree View Details	Coverage Waived <input type="button" value="Edit"/>
Dental Waive Dental Retiree View Details	Coverage Waived <input type="button" value="Edit"/>

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options
 No, Waive Coverage

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONN [REDACTED] (Required)

Effective Date: 07/01/2022 Term Date: [REDACTED]

FRANCIS [REDACTED] Spouse [REDACTED]

Effective Date: 07/01/2022 Term Date: [REDACTED]

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is being corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.



Garden State Health Plan (099) **aetna**

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

⚠ Other Plan Rules Apply - [View Details](#)

Plan Details Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA [REDACTED]

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. *

No

Once completed, click **Next** at the bottom of the screen.



< Previous Next >

Please note: If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents, even if you yourself are enrolled in Medicare. (You or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



✓ Approve

You will know your transaction has been submitted successfully when you receive the Transaction Complete screen. However, you may still need to upload documents to verify eligibility for your dependents.

Thank You!

Transaction Complete
Benefit Summary PDF

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number

0---

Dependents and Required Documentation

To add a spouse we require:

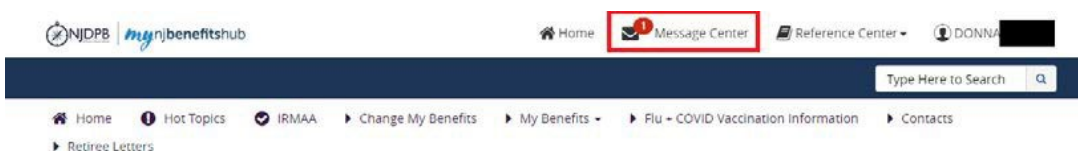
- Government issued marriage certificate
- If married for over one year prior to enrollment date, 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

To add a child we require:

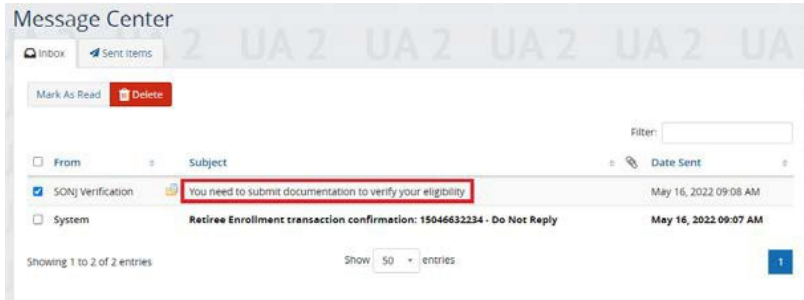
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify those changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

To: SONJ Verification
From: CYNTHIA L [REDACTED]
Subject: You need to submit documentation to verify your eligibility

Message

Then select, Choose File to upload a document.

Upload a Document

Select file(s) for upload:

Choose File | 0 file chosen

Supported formats are: ".rtf", ".txt", ".doc", ".docx", ".pdf", ".jpg", ".jpeg", ".tif", ".tiff", ".bmp", ".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."

Finally, click **Send** to send the message with your files to the administrator for approval.

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

[Return to top of section](#)

Waiving and Terminating

[Waive Coverage as a New Retiree](#)

[Waive Rx Only](#)

[Waive Existing Medical and Dental](#)

[Drop Dependent Due to Death](#)

[Drop Spouse Due to Divorce](#)

[Terminating Your Dependents \(Drop on Demand\)](#)

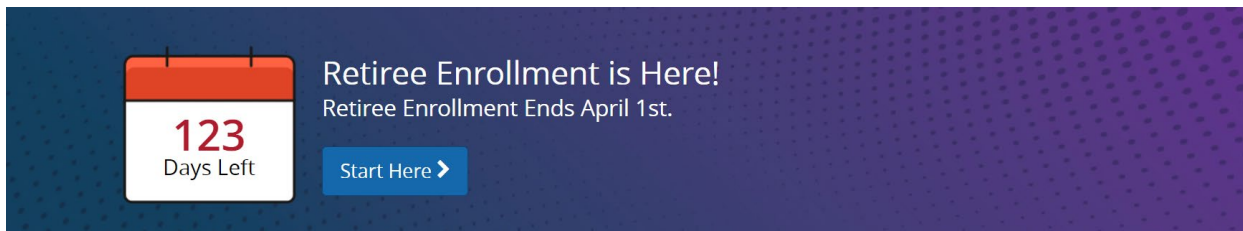
[Return to contents](#)

Waive Coverage as a New Retiree

[Return to top of section](#)

To Waive Coverage as a New Retiree (Effective Your Enrollment Date):

First follow the same steps listed earlier in the guide to log in. Then, click the banner at the top of the screen.

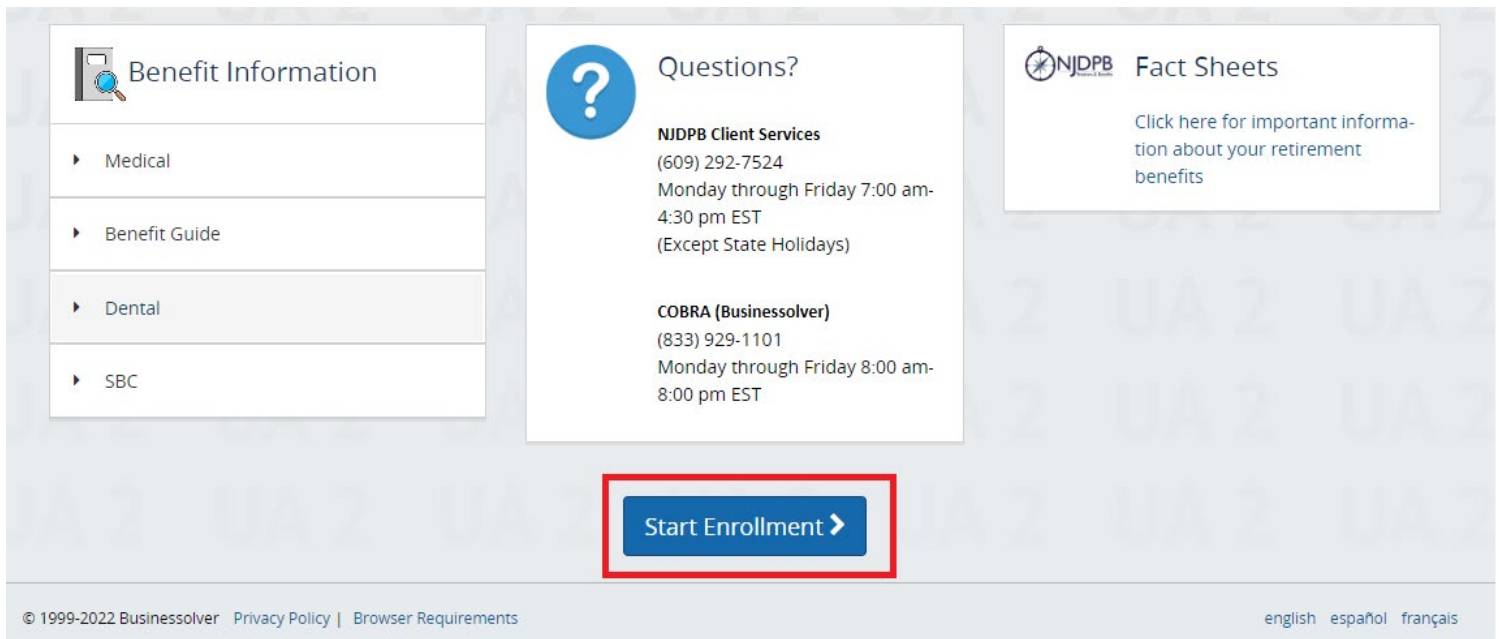


Retiree Enrollment is Here!
Retiree Enrollment Ends April 1st.

123 Days Left

Start Here >

On the following page, click **Start Enrollment**.



Benefit Information

- Medical
- Benefit Guide
- Dental
- SBC

Questions?

NJDPB Client Services
(609) 292-7524
Monday through Friday 7:00 am-4:30 pm EST
(Except State Holidays)

COBRA (Businessolver)
(833) 929-1101
Monday through Friday 8:00 am-8:00 pm EST

Fact Sheets

Click here for important information about your retirement benefits

Start Enrollment >

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english español français

Then, if necessary, on the **Summary** page, click **Edit** next to **Medical**.



Medical
NJ Educators Health Plan (098)

GUIDO
Employee Only

View Details

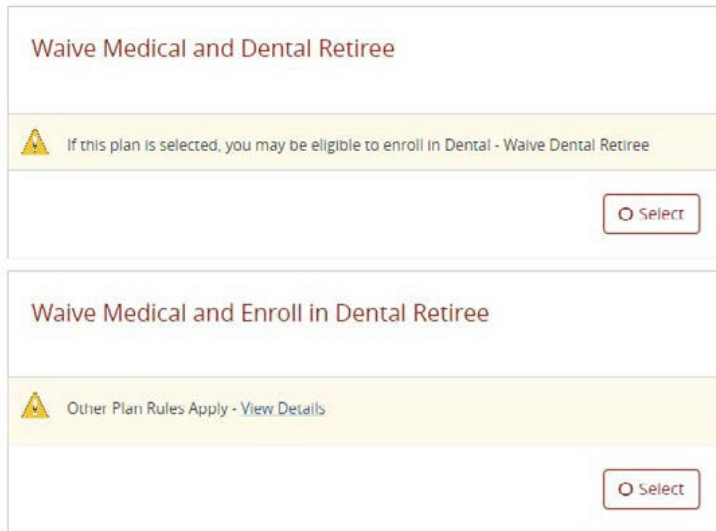
Edit

Otherwise, you must follow through each of the steps and will be taken to the Medical enrollment page. Once you reach the Medical page, select **No, Waive Coverage**.



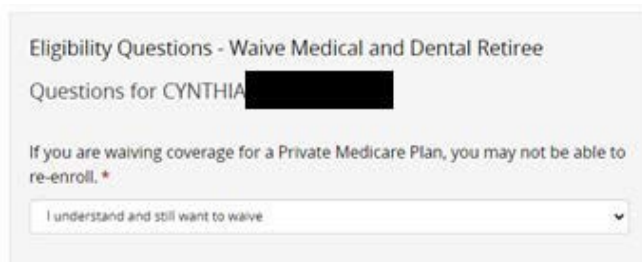
The screenshot shows a 'Medical' enrollment page. At the top, there is a title 'Medical' and a first aid kit icon. Below this is a light blue informational box with a person icon and text: 'When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers, and it's not hard to understand why. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.' Below the box is the question 'Would you like to enroll in Medical coverage?' with two radio button options: 'Yes, See My Options' and 'No, Waive Coverage'. The 'No, Waive Coverage' option is selected.

Next, you will be prompted to choose if you would like to also waive Dental coverage.



The screenshot shows two selection options for waiving dental coverage. The first option is 'Waive Medical and Dental Retiree', which includes a warning icon and the text 'If this plan is selected, you may be eligible to enroll in Dental - Waive Dental Retiree'. The second option is 'Waive Medical and Enroll in Dental Retiree', which includes a warning icon and the text 'Other Plan Rules Apply - View Details'. Both options have a 'Select' button.

Once you have made a selection, you will be prompted to indicate that you acknowledge that you may not be able to enroll at a future date:



The screenshot shows the 'Eligibility Questions - Waive Medical and Dental Retiree' screen. It includes the text 'Questions for CYNTHIA [REDACTED]' and a warning: 'If you are waiving coverage for a Private Medicare Plan, you may not be able to re-enroll. *'. Below this is a dropdown menu with the selected option 'I understand and still want to waive'.

Then, scroll to the bottom and click, **Next**.



On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.



[Return to top of section](#)

Waive Rx Only

[Return to top of section](#)

Waive Rx Only (Must Submit Proof of Enrollment in Another Medicare Part D Plan):

- If you are enrolled in a private Medicare Part D plan, you must change coverage to a Supplemental plan (i.e. DIRECT1525, DIRECT2030) to remain on State health benefits and still be enrolled in the private individual Medicare Part D plan.
- If you are enrolled in a SHBP/SEHBP Aetna Medicare Advantage plan and you enroll in a private individual Medicare Part D plan, you will automatically be disenrolled from the SHBP/SEHBP Medicare Advantage plan and the SHBP/SEHBP Medicare Part D plan.
- If you become enrolled in another employer-based Medicare D plan, you will be able to stay in SHBP/SEHBP Aetna Medicare Advantage plan, but will be disenrolled from SHBP/SEHBP Medicare D Rx plan.
- **Please note:** This may need to be manually processed by NJDPB staff. If so, please contact the NJDPB Office of Client Services.

[Return to top of section](#)

Waive Existing Medical and Dental

[Return to top of section](#)

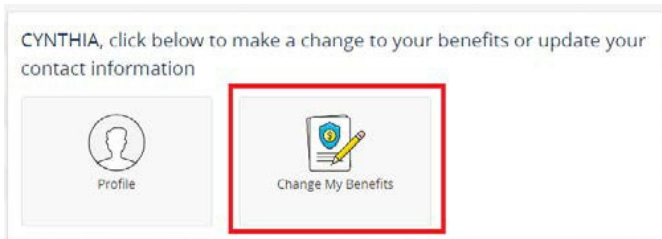
Waive Existing Medical and Dental:

If you waive retiree coverage, you must upload proof of loss of other coverage from the other group plan in order to re-enroll in SHBP/SEHBP retiree coverage at a later date. You cannot decline SHBP/SEHBP retiree coverage and then re-enroll unless you have a loss of coverage event that occurred within 60 days of your re-enrollment effective date. Your loss of coverage letter must be from an employer group plan.

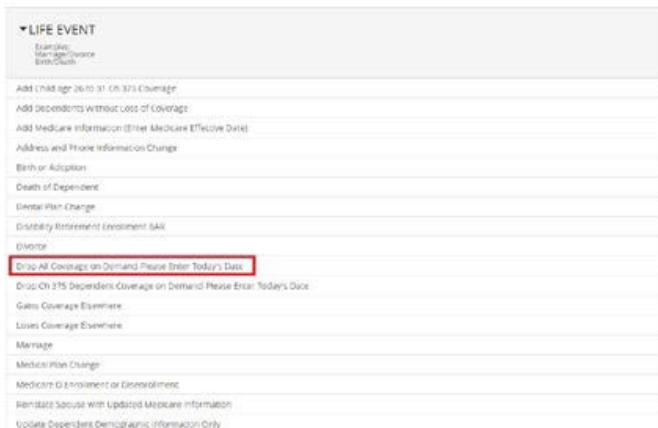
You can waive coverage at any time by logging into your account and selecting **Change My Benefits**.



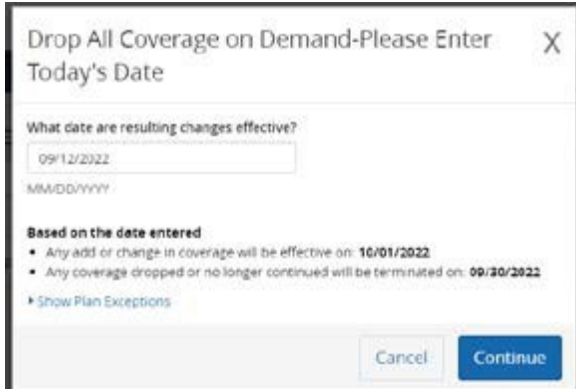
On the following screen, once again select **Change My Benefits**.



Then choose **Life Event > Drop All Coverage on Demand**.



Enter today's date and click **Continue**.



Drop All Coverage on Demand-Please Enter Today's Date

What date are resulting changes effective?

09/12/2022

MM/DD/YYYY

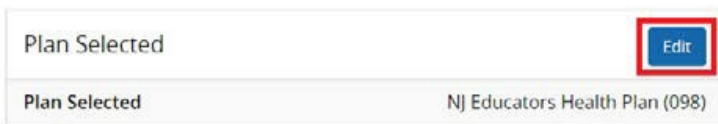
Based on the date entered

- Any add or change in coverage will be effective on: **10/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/30/2022**

Show Plan Exceptions

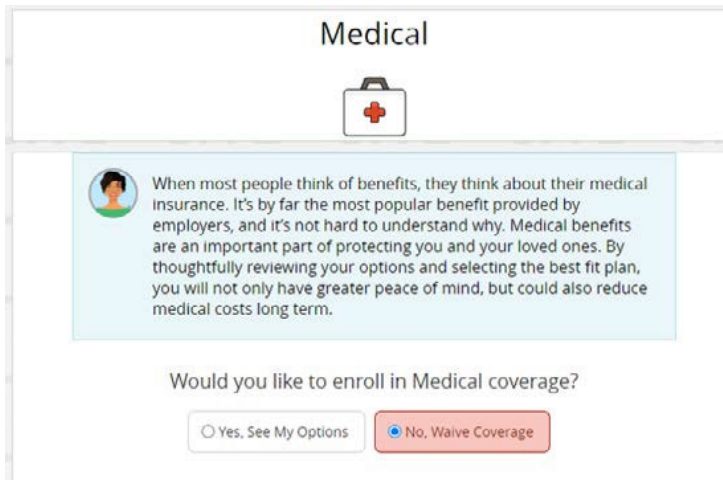
Cancel Continue

When you get to the **Review Your Election** or **Summary** page, click **Edit** next to **Plan Selected**.




Plan Selected	Edit
Plan Selected	NJ Educators Health Plan (098)

Once you reach the Medical page, select **No, Waive Coverage**.



Medical



When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers, and it's not hard to understand why. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.

Would you like to enroll in Medical coverage?

Yes, See My Options No, Waive Coverage

Then, you will be prompted to choose if you would like to also waive Dental.




Waive Medical and Dental Retiree

 If this plan is selected, you may be eligible to enroll in Dental - Waive Dental Retiree

Select

Waive Medical and Enroll in Dental Retiree

 Other Plan Rules Apply - [View Details](#)

Select

Once you've made a selection, you will be prompted to indicate that you accept that you may not be able to enroll at a future date.



Eligibility Questions - Waive Medical and Dental Retiree

Questions for CYNTHIA [REDACTED]

If you are waiving coverage for a Private Medicare Plan, you may not be able to re-enroll. *

Then, scroll to the bottom and click, **Next**.



Then, scroll to the bottom and click **Approve**.



[Return to top of section](#)

Drop Dependent Due to Death

[Return to top of section](#)

Drop Dependent Due to Death (Can Go Back Up to 12 Months):

In the unfortunate event of a dependent’s death, you will use the **Life Event > Death of Dependent** action. The system will allow a retroactive termination of coverage up to 12 months prior to the date submitted.

▼ 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 L36
Birth or Adoption
Death of Dependent
Death of Employee
Dental Plan Change
Disability Retirement Enrollment BAR
Divorce
Drop All Coverage on Demand-Please Enter Today's Date
Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date
Gains Coverage Elsewhere
Loses Coverage Elsewhere
Marriage
Medical Plan Change
Medicare D Enrollment or Disenrollment
Reinstate Spouse with Updated Medicare Information
Retiree ESRD Update
Update Dependent Demographic Information Only
Verification Appeal Reinstatement

On the following page, check off the dependent who has passed away and enter their date of death.

Death of Dependent



Please select deceased dependent

MICHAEL [REDACTED] Sr

Michael [REDACTED] Jr.

Date of Death *

(MM/DD/YYYY)

Based on the date entered

- Any add or change in coverage will be effective on: **10/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/30/2022**

On the following page, you will indicate if you would like to make any further changes to your account. You will follow the prompts to make any further changes and click **Approve** to complete the transaction.

Review Enrollment



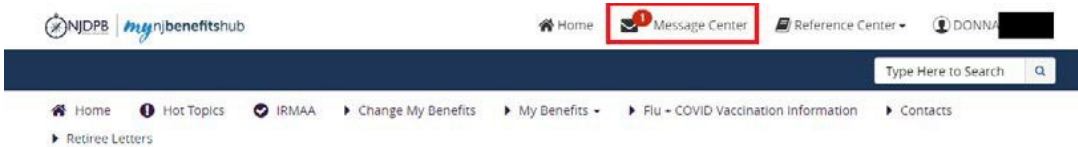
You're almost done! Please review your enrollment below.

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

✓ Approve

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.

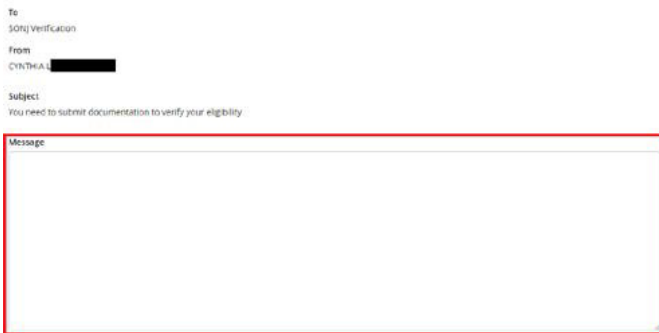


On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.

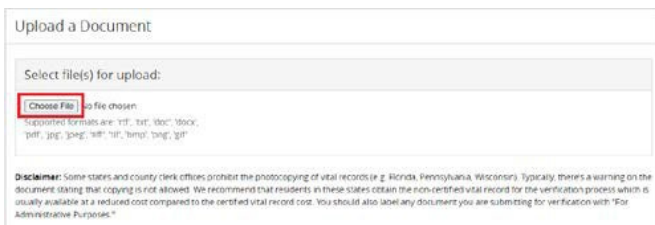


You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify those changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.



Then select, **Choose File** to upload a document.



Finally, click **Send** to send the message with your files to the administrator for approval.

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**

[Return to top of section](#)

Drop Spouse Due to Divorce

[Return to top of section](#)

Drop Spouse Due to Divorce:

To drop a dependent spouse due to a divorce, first choose the **Life Event > Divorce** and enter the date of the divorce. The system will allow a retroactive termination of coverage up to 12 months prior to the date submitted.

▼ 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
Death of Employee
Dental Plan Change
Disability Retirement Enrollment L210
Divorce
Drop All Coverage on Demand-Please Enter Today's Date
Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date
Gains Coverage Elsewhere
Loses Coverage Elsewhere
Marriage
Medical Plan Change
Medicare D Enrollment or Disenrollment
Reinstate Spouse with Updated Medicare Information
Retiree ESRD Update
Update Dependent Demographic Information Only
Verification Appeal Reinstatement

You will also be asked if you would like to make any other changes to your coverage.

Divorce

Divorce can be very stressful and your benefits coverage will likely need to change.

Date of Divorce *

08/15/2022

(MM/DD/YYYY)

Based on the date entered

- Any add or change in coverage will be effective on: **08/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **08/31/2022**

What would you like to do today? (Check All That Apply)

Drop Ex-spouse from One or More Coverage

- Medical

Make Other Changes

- Basic Info
- Dependent Info
- Electons

< Back
Next >

On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.

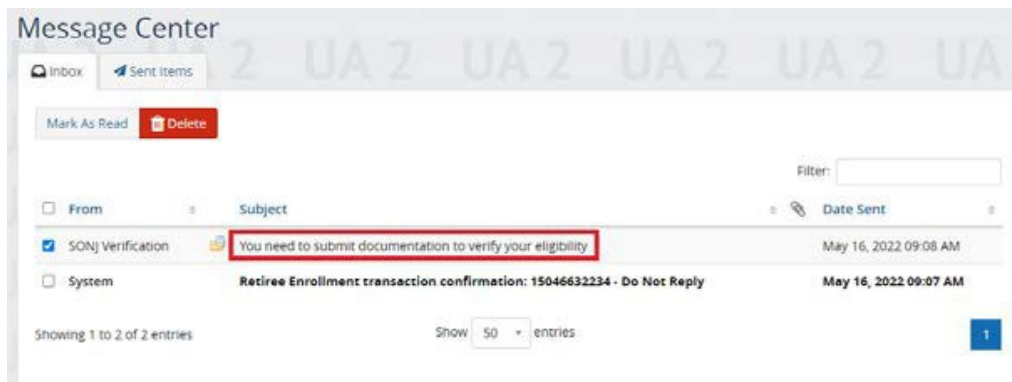
✓ Approve

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.

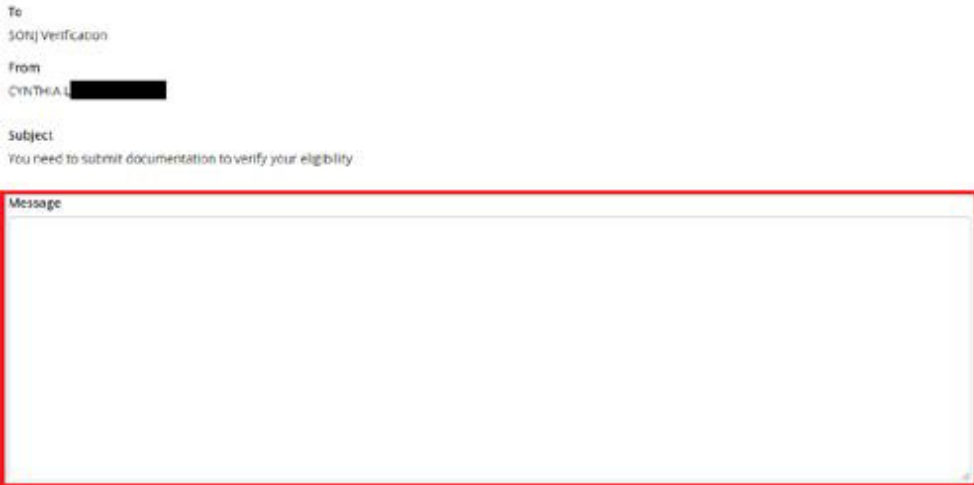


On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.

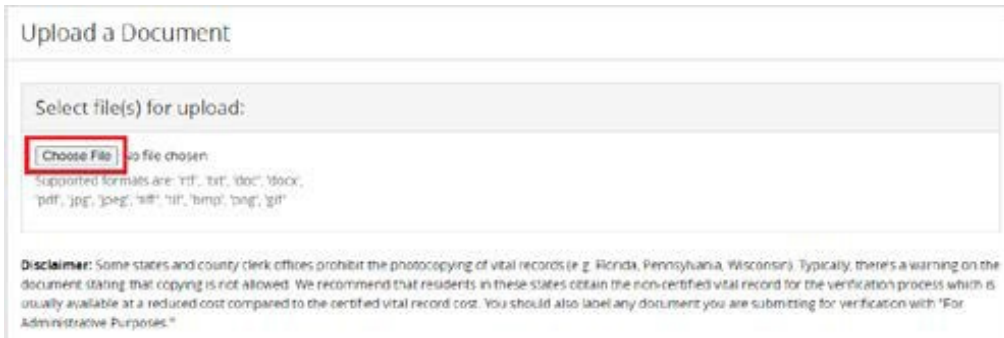


You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify those changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.



Then select, **Choose File** to upload a document.



Finally, click **Send** to send the message with your files to the administrator for approval.

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

[Return to top of section](#)

Terminating Your Dependents (Drop on Demand)

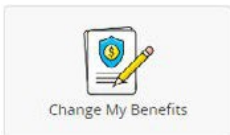
[Return to top of section](#)

Terminating Your Dependent(s) (Drop Coverage on Demand)

From the **Home** page, select **Change my Benefits**.



Then on the following page, click **Change My Benefits** once again.



Then select **Life Event > Drop Coverage on Demand**.

<p>▼ LIFE EVENT</p> <p>Examples: Marriage/Divorce Birth/Death</p>
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

Then enter today's date.

Drop Coverage on Demand-Please Enter Today's Date X

What date are resulting changes effective?
10/12/2022
MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: 11/05/2022
- Any coverage dropped or no longer continued will be terminated on: 11/04/2022

Show Plan Exceptions

Cancel Continue

On the next page, click **Start Change**.



Update address information if needed, then click **Next**.

Address 1: * [Redacted]

Address 2: [Redacted]

PO BOX - Enter only the numeric portion of your PO Box, if applicable.: [Redacted]


City: * [Redacted]

State: * NJ

ZIP: * [Redacted]

On the Medicare page, scroll down and click **Next**.

Medical



Medical - Medicare Coverage

Medicare information must be entered in order to reinstate coverage for your spouse. If not entered, your spouse will be terminated.


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


On the following page, click **Edit** next to **Covered Members**.

Members	Covered
 Effective Date: 12/19/2020	Yes
Relationship: Spouse Date of Birth:  Effective Date: 12/19/2020	Yes

Next, un-check the dependent you'd like to remove from coverage, then click **Next**.

Who would you like to cover with Medical coverage?






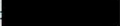
Select All

On the next page, answer the **Eligibility Question** below the coverage selected, and click **Next**.

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. *

No

If everything looks correct on the following page, click **Looks Good**.

 Effective Date: 11/05/2022	Yes
 Relationship: Spouse Date of Birth:  Effective Date: 07/06/2019 Term Date: 11/04/2022	No

Looks Good >

On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.

✓ Approve

[Return to top of section](#)

Plan Changes and Qualifying Life Events

[Plan Change – Medical and Rx](#)

[Plan Change – Dental](#)

[Plan Change – Both Medical and Dental](#)

[Add Medicare Proof of Enrollment for New Spouse](#)

[Add New Dependent - Marriage](#)

[Add New Dependent - Birth](#)

[Enroll With No Loss of Coverage \(60-day Wait\)](#)

[Add Dependents With No Coverage Loss Event \(60-day Wait\)](#)

[Enroll With Coverage Loss Event \(Within 60 Days\)](#)

[Add Dependent With Coverage Loss Event \(Within 60 Days\)](#)

[Return to contents](#)

Plan Change – Medical and Rx

[Return to top of section](#)

Retirees can make plan changes at any time as long as you have been enrolled in the plan for at least one full year. The plan change will be effective the first day of the following month.

Important: You will not be able to change plans again until 12 full months have passed.

Plan Change - Medical and Rx:

Once you login, first click **Change My Benefits**.



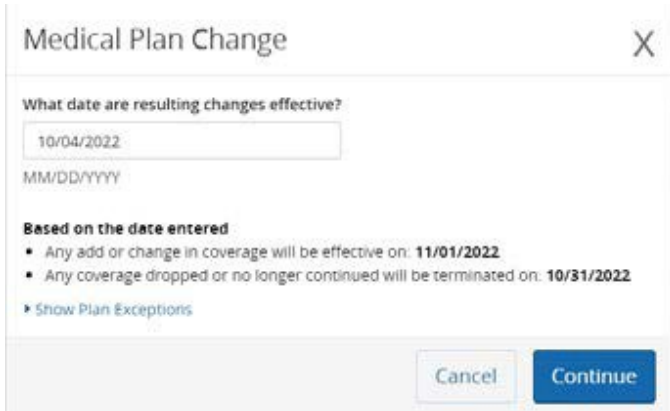
On the next page, click **Change My Benefits** again.



Then, choose **Life Event > Medical Plan Change**.

LIFE EVENT
<small>Examples: Marriage/Divorce Birth/Death</small>
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
Dental Plan Change
Disability Retirement Enrollment BAA
Divorce
Drop All Coverage on Demand Please Enter Today's Date
Drop Ch 375 Dependent Coverage on Demand Please Enter Today's Date
Gains Coverage Elsewhere
Loses Coverage Elsewhere
Marriage
Medical Plan Change
Medicare D Enrollment or Disenrollment
Reinstates Spouse with Updated Medicare Information
Update Dependent Demographic Information Only

Then enter today's date and click **Continue**.



Medical Plan Change X

What date are resulting changes effective?

10/04/2022

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **11/01/2022**.
- Any coverage dropped or no longer continued will be terminated on: **10/31/2022**

Show Plan Exceptions

Cancel Continue

At the bottom of the next page, click **Start Change**.



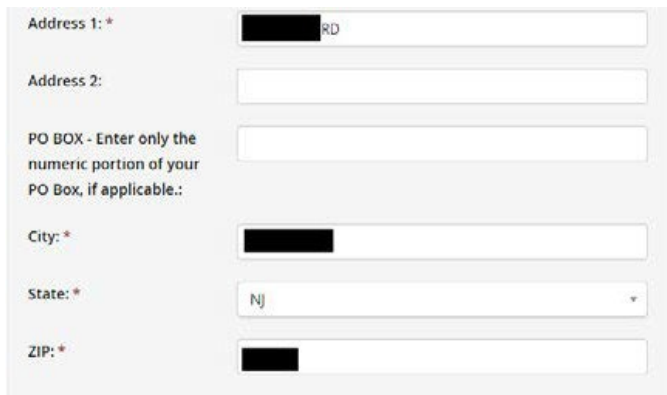
Start Change >

At the bottom of the next page, click **Start Enrollment**.



Start Enrollment

On the next page, update any demographic information and click **Next**.



Address 1: * [REDACTED] RD

Address 2:


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

City: * [REDACTED]

State: * NJ

ZIP: * [REDACTED]

Then enter any necessary Medicare information and click **Next**.


Your Information

Are you enrolled in Medicare?*

No

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select **"Split Medicare"** below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select **"Split Medicare"** below.*

No Medicare

Personal Email Address:*

test@test.com
user@mydomain.com

Confirm Personal Email Address:*

test@test.com

Home Phone:

555-555-1234

Work Phone:

555-555-1234

[Next >](#)

Once you reach the **Summary** page, click **Edit** next to Medical plans.

Plan Selected [Edit](#)

Plan Selected Aetna Medicare Advantage PPO 10 (181)

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options No, Waive Coverage

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually "checked" to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONNA [REDACTED] (required)

Effective Date: 07/01/2022 Term Date: [REDACTED]

FRANCIS [REDACTED] - Spouse [REDACTED]

Effective Date: 07/01/2022 Term Date: [REDACTED]

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.



Garden State Health Plan (099) **aetna**

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

Other Plan Rules Apply - [View Details](#)

Plan Details **Selected**

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA [REDACTED]

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.*

No

Once completed, click **Next** at the bottom of the screen.



< Previous Next >

Note: If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to the NJDPB Health Benefits Bureau for approval.



✓ Approve

Dependents and Required Documentation

To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

To add a child we require:

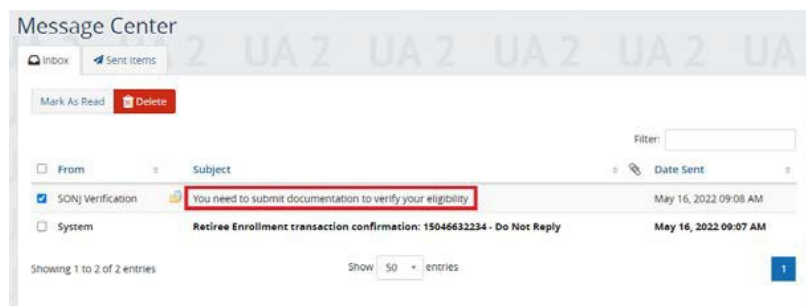
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.

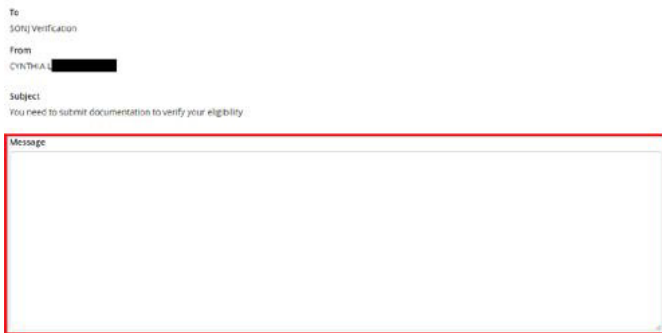


On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.

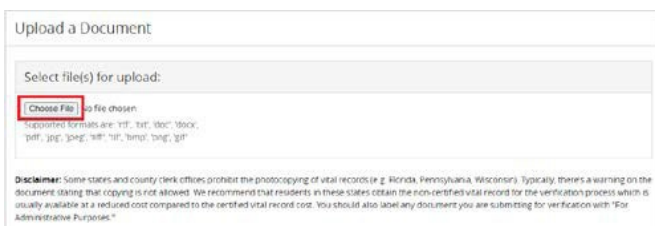


You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify those changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.



Then select, **Choose File** to upload a document.



Finally, click **Send** to send the message with your files to the administrator for approval.

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

[Return to top of section](#)

Plan Change – Dental

[Return to top of section](#)

Plan Change - Dental

Retirees can make plan changes at any time; the plan change will be effective at the start of the following month.

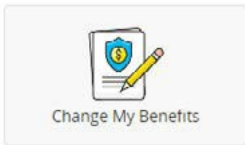
Important: You will not be able to change plans again until 12 full months have passed.

PLEASE NOTE: You can only add previously waived Dental with a loss of coverage event. Do not use the ‘Dental Plan Change’ action to enroll in previously waived coverage or your Dental enrollment will be rejected.

Login, and click **Change My Benefits**.



On the next page, click **Change My Benefits** again.



Then choose **Life Event > Dental Plan Change**.

LIFE EVENT	
Examples: Marriage/Divorce Birth/Death	
Add Child age 26 to 31 CH 175 Coverage	
Add Dependents Without Loss of Coverage	
Add Medicare Information (Enter Medicare Effective Date)	
Address and Phone Information Change	
Birth or Adoption	
Death of Dependents	
Dental Plan Change	
Disability Retirement Enrollment BAR	
Divorce	
Drop All Coverage on Demand Please Enter Today's Date	
Drop CH 175 Dependents Coverage (a: Demand-Please Enter Today's Date)	
Gain Coverage Elsewhere	
Loss Coverage Elsewhere	
Marriage	
Medical Plan Change	
Medicare D Enrollment or Disenrollment	
Recreate Spouse with Updated Medicare Information	
Update Dependent Demographic Information Only	

Enter today's date and click **Continue**.

Dental Plan Change X

What date are resulting changes effective?

10/05/2022

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **11/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **10/31/2022**

[Show Plan Exceptions](#)

Cancel

Continue

Then click **Start Change**.

Start Change >

Then click **Start Enrollment**.

Start Enrollment

On the next page, update any demographic information and click **Next**.

Address 1: *	<input type="text" value="RD"/>
Address 2:	<input type="text"/>
PO BOX - Enter only the numeric portion of your PO Box, if applicable.:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="NJ"/>
ZIP: *	<input type="text"/>

Then, enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? *

No

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

No Medicare

Personal Email Address: * test@test.com
user@mydomain.com

Confirm Personal Email Address: * test@test.com

Home Phone: [Redacted] 555-555-1234

Work Phone: 555-555-1234

When you reach the **Summary** page, click **Edit** next to Dental to bring up the plan selection screen.

Plan Selected	Edit
Plan Selected	Actna Dental Expense Plan (398)
Employee Cost	\$80.86 Monthly

Choose a plan, then scroll down and click **Next**.

Cigna Dental DPO (305) 

Monthly Premium
\$43.34
Employee and Spouse

[Plan Details](#) [Selected](#)

Then, answer the question indicating if you were previously enrolled in a group Dental plan, and click **Next**.

Dental



Additional Information

Were you enrolled in a Group Dental plan for the past 12 months?

Yes

On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.

✓ Approve

Dependents and Required Documentation

To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

To add a child we require:

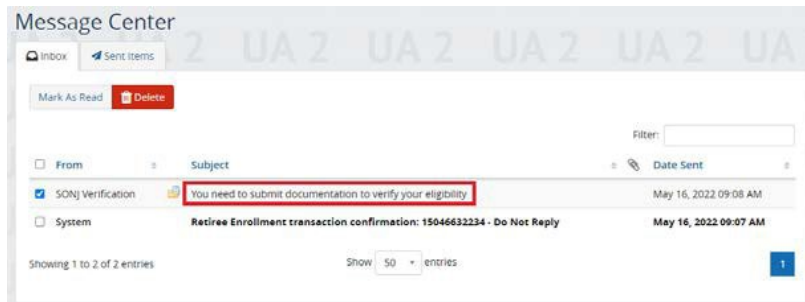
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

How to Upload Documents

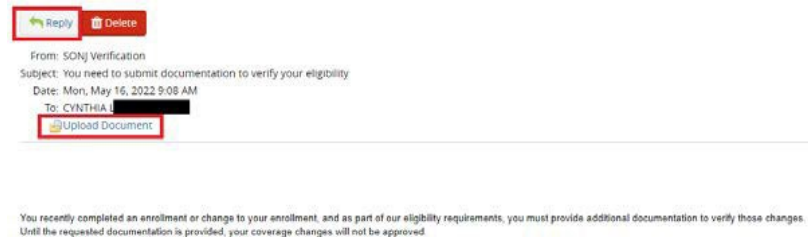
At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



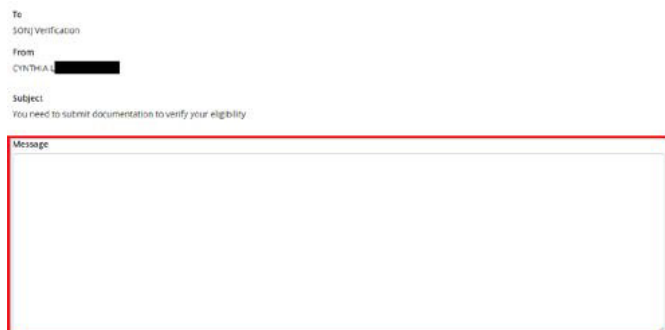
Click on the subject line to open the message.



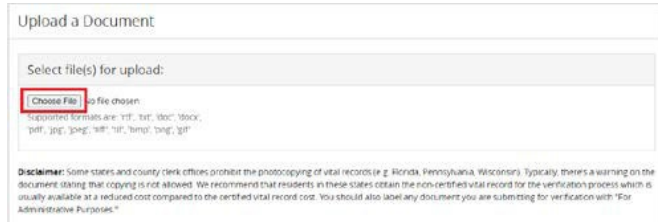
On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.



Then select, **Choose File** to upload a document.



Upload a Document

Select file(s) for upload:

Choose File No file chosen

Supported formats are: ".txt", ".doc", ".docx", ".pdf", ".jpg", ".jpeg", ".tif", ".bmp", ".png", ".zip"

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."

Finally, click **Send** to send the message with your files to the administrator for approval.

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

[Return to top of section](#)

Plan Change – Both Medical and Dental

[Return to top of section](#)

Plan Change - Both Medical and Dental:

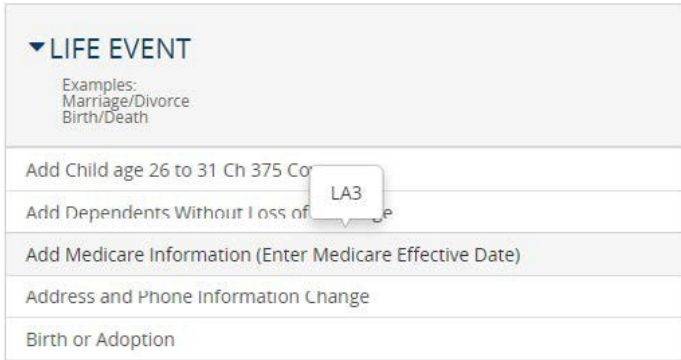
Currently, you are not able to change Medical and Dental at the same time. In order to change Medical and Dental at the same time, you must submit both a Medical Plan Change and a Dental Plan Change. (Two steps are required in Benefitsolver.)

Add Medicare Proof of Enrollment for New Spouse

[Return to top of section](#)

Add Medicare Proof of Enrollment for New Spouse:

To add Medicare information, use the **Life Event > Add Medicare Information**.

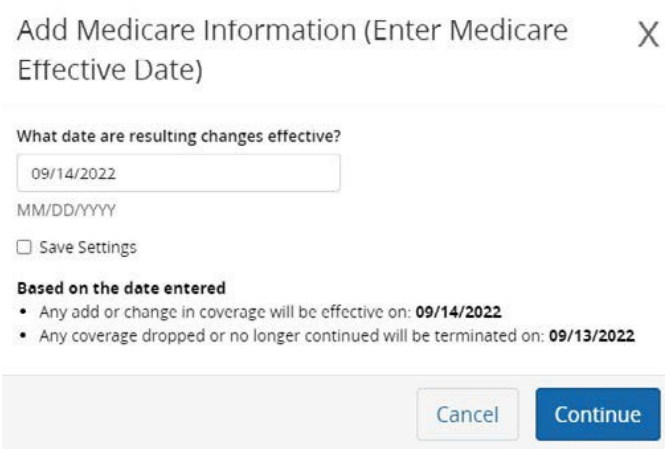


▼ LIFE EVENT

Examples:
Marriage/Divorce
Birth/Death

- Add Child age 26 to 31 Ch 375 Co
- Add Dependents Without Loss of LA3
- Add Medicare Information (Enter Medicare Effective Date)
- Address and Phone Information Change
- Birth or Adoption

Then enter the effective date of their Medicare Part B and click **Continue**.



Add Medicare Information (Enter Medicare Effective Date) X

What date are resulting changes effective?

09/14/2022

MM/DD/YYYY

Save Settings

Based on the date entered

- Any add or change in coverage will be effective on: **09/14/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/13/2022**

Cancel Continue

Then scroll down to **Medicare Information** and click **Edit**.



▼ Medicare Information

MILDRED [REDACTED] Edit

Med Part A Eff Date [REDACTED] Med Part B Eff Date [REDACTED] HIC/MBI Number [REDACTED]

On the next screen, first enter the Medicare number (HICN or MBI).

Medicare HICN/MBI:	<input type="text"/>
Medicare Part A Eff Date:	<input checked="" type="checkbox"/> <input type="text"/> MM/DD/YYYY
Medicare Part A Termination Date:	<input type="checkbox"/>
Medicare Part B Eff Date:	<input checked="" type="checkbox"/> <input type="text"/> MM/DD/YYYY

On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.

Approve

[Return to top of section](#)

Add New Dependent – Marriage

[Return to top of section](#)

Add New Dependent – Marriage:

First click **Change My Benefits**.



Then click **Change My Benefits** again on the next screen.



Choose **Life Event > Marriage**.

▼ LIFE EVENT
Examples: Marriage/Divorce Birth/Death
Add Medicare Information (Enter Medicare Effective Date)
Address and Phone Information Change
Birth or Adoption
Death of Dependent
Death of Employee
Dental Plan Change
Divorce
Drop All Coverage on Demand-Please Enter Today's Date
Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date
Gains Coverage Elsewhere
Loses Coverage Elsewhere
Marriage
Medical Plan Change
Reinstate Spouse with Updated Medicare Information
Retiree ESRD Update
Update Dependent Demographic Information Only
Verification Appeal Reinstatement

Enter the date of marriage and click **Continue**.

Marriage X

What date was the marriage?

09/12/2022

MM/DD/YYYY

Save Settings

Based on the date entered

- Any add or change in coverage will be effective on: **09/12/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/11/2022**

[Show Plan Exceptions](#)

On the next page, scroll to the bottom and click **Start Change**.



Then, update any demographic information and click **Next**.

Address 1: * [redacted] RD

Address 2: [redacted]

PO BOX - Enter only the numeric portion of your PO Box, if applicable.: [redacted]

City: * [redacted]

State: * NJ

ZIP: * [redacted]

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? *

No

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

No Medicare

Personal Email Address: * test@test.com
user@mydomain.com

Confirm Personal Email Address: * test@test.com

Home Phone: [redacted]
555-555-1234

Work Phone: [redacted]
555-555-1234

On the next page, click **Add a New Dependent**.

Your Family

Name	Relationship	Gender	Date of Birth	
Francis [REDACTED]	Spouse	Male	[REDACTED]	Edit

[+ Add a New Dependent](#)

[← Back](#) [Looks Good →](#)

Enter your spouse's information and click **Save Changes**.

Dependent Information X

Status: Active Inactive

Is this dependent currently or planning to be enrolled in Medicare?:

Relationship: *

First Name: *

Middle Initial:

Last Name: *

Suffix:

Jr., Sr., III, etc.

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.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:

123-45-6789

Cannot provide Social Security Number

Then click **Looks Good**.

[Looks Good →](#)

Then enter your spouse's Medicare information and click **Next**.

JOHN [REDACTED] Medicare Information

Medicare HICN/MBI: * [REDACTED]

Please Note - the Medicare Effective Date must be on the first of the month and cannot be more than 90 days in the future.

Medicare Part A Eff Date: * [REDACTED]
MM/DD/YYYY

Medicare Part A Termination Date

Medicare Part B Eff Date: * [REDACTED]
MM/DD/YYYY

Medicare Part B Termination Date

Medicare Part D Eff Date:

Medicare Part D Termination Date

On the next page, click **Edit** next to any plans you'd like to add your spouse to.

Enrolled in Medical?
Yes

Covered Members [Edit](#)

Members	Covered
[REDACTED] Effective Date: 09/01/2022	Yes
[REDACTED] Relationship: Spouse Date of Birth: 08/05/1961	No

Plan Selected [Edit](#)

Plan Selected NJ Educators Health Plan (098)

Check your spouse to add them to coverage.

Who would you like to cover with Medical coverage?

[REDACTED] (Required)

[REDACTED] - Spouse - 08/05/1961

[Deselect All](#)


Answer the question as **No** to proceed, then click **Next**.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

Eligibility Questions - NJ Educators Health Plan (098)


Questions for [REDACTED]

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. *

No 


If everything looks good on the next page, scroll down and select **Looks Good**.

Medical Election Summary



Review Your Election

Enrolled in Medical?
Yes

Covered Members 

Members	Covered
DONALD [REDACTED] Effective Date: 09/01/2022	Yes
Test Test Relationship: Spouse Date of Birth: 12/12/1990 Effective Date: 09/01/2022	Yes
DEANNA [REDACTED] Relationship: Child Date of Birth: 04/15/1992 Effective Date: 08/01/2022	Yes

Then follow through the same prompts to add Dental.

Dental



Who would you like to cover with Dental coverage?

DONALD [REDACTED] (required)

Test Test - Spouse - 12/12/1990

DEANNA [REDACTED] Child - 04/15/1992

Deselect All

 Add a New Dependent

On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.

✓ Approve

Click **I Agree** on the **Confirmation** page, and you will then be prompted to upload supporting documentation.

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.

Dependents and Required Documentation

To add a spouse we require:

- Government issued marriage certificate.

To add a child we require:

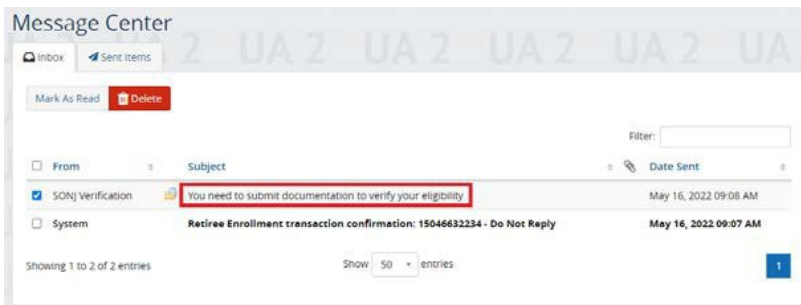
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

How to Upload Documents

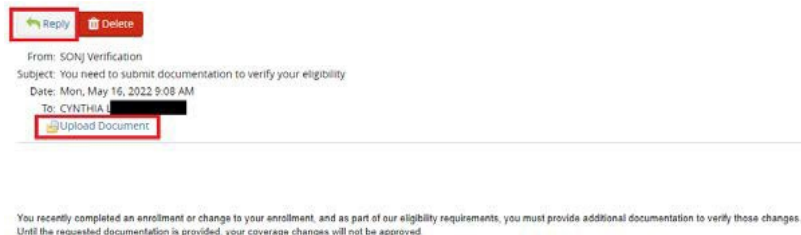
At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



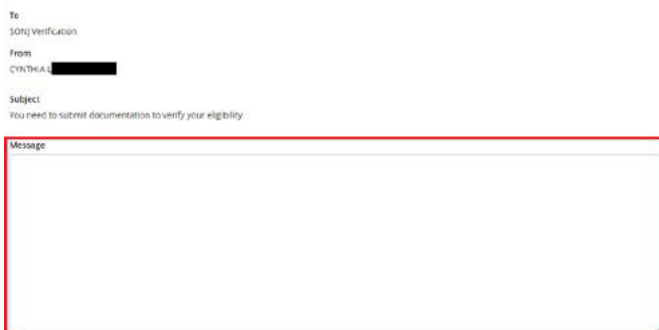
Click on the subject line to open the message.



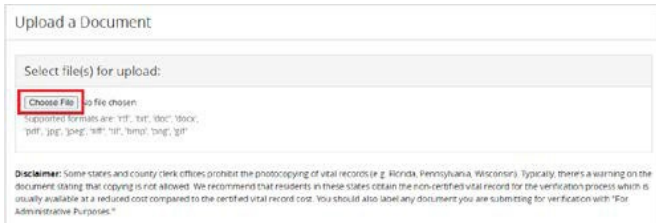
On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.



Then select, **Choose File** to upload a document.



Finally, click **Send** to send the message with your files to the administrator for approval.

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

[Return to top of section](#)

Add New Dependent – Birth

[Return to top of section](#)

Add New Dependent - Birth:

First click **Change My Benefits**.



Then click **Change My Benefits** again on the next screen.



Choose **Life Event > Birth or Adoption**.

LIFE EVENT	
Examples: Survivorship 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	
Dental Plan Change	
Disability Retirement enrollment BAR	
Divorce	
Drop All Coverage on Demand-Please Enter Today's Date	
Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date	
Gain Coverage Elsewhere	
Loses Coverage Elsewhere	
Marriage	
Medical Plan Change	
Medicare D Enrollment or Disenrollment	
Relocate Spouse with Updated Medicare Information	
Update Dependent Demographic Information Only	

Enter the date of birth, then click **Continue**.

Birth or Adoption X

What was the date of birth or date of adoption?

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **09/15/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/14/2022**

[Show Plan Exceptions](#)

On the next page, scroll to the bottom and click **Start Change**.

Then, update any demographic information and click **Next**.

Address 1: *

Address 2:

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

City: *

State: *

ZIP: *

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? *

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

Personal Email Address: *

Confirm Personal Email Address: *

Home Phone:
555-555-1234

Work Phone:
555-555-1234

On the next page, click **Add a New Dependent**.

Your Family

Name	Relationship	Gender	Date of Birth	
Francis [REDACTED]	Spouse	Male	[REDACTED]	Edit

[+ Add a New Dependent](#)

[← Back](#)

[Looks Good >](#)

Enter your child's information and click **Save Changes**.

Dependent Information

Is this dependent currently or planning to be enrolled in Medicare? *

No

Relationship: * Child

First Name: * Test

Middle Initial:

Last Name: * Test

Date of Birth: * 09/15/2022
MM/DD/YYYY

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.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:

123-45-6789

Cannot provide Social Security Number

Then click **Looks Good**.

[Looks Good >](#)

Click **Next** to skip through the Medicare information page.



Your Information

Are you enrolled in Medicare? *

No

Your eligibility for retiree plans depends upon the Medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

No Medicare

Personal Email Address: *

test@necst.com
user@mydomain.com

Confirm Personal Email Address: *

test@necst.com

Home Phone:

555-555-1234

Work Phone:

555-555-1234

Click **Next** on the first Medical page, then check the dependent you wish to add. Click **Next** again.

Medical



Who would you like to cover with Medical coverage?

GERBER (Required)

GERBER - Child - 06/15/1992

Child - 09/15/2022

Select All

+ Add a New Dependent

On the next page, select **No** on the eligibility question to continue, then click **Next**.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

Eligibility Questions - Horizon Aetna HMO (058)

Questions for DONALD [REDACTED]

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. *




No

If everything looks correct on the **Review Your Election** page, click **Looks Good**.

Medical Election Summary



Review Your Election


Enrolled in Medical?	
Yes	
Covered Members Edit	
Members	Covered
 Effective Date: 07/01/2021	Yes
 Relationship: Child Date of Birth: 04/15/1992 Effective Date: 07/01/2021	Yes
 Relationship: Child Date of Birth: 09/15/2022 Effective Date: 09/15/2022	Yes
Plan Selected Edit	
Plan Selected: Horizon Aetna HMO (058)	

Then follow through the same prompts to add Dental.


Dental



Who would you like to cover with Dental coverage?

DONALD  (Required)

Test Test - Spouse - 12/12/1990

DEANNA  Child - 04/15/1992

[Deselect All](#)

[+ Add a New Dependent](#)


On the final page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

Review Enrollment

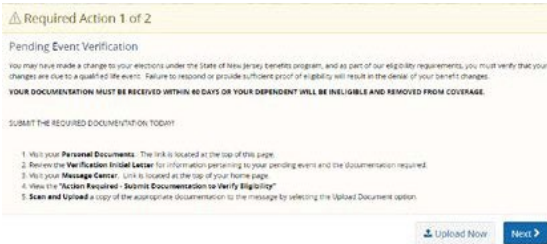


You're almost done! Please review your enrollment below.

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

 **Approve**

Click **I Agree** on the **Confirmation** page. You will then be prompted to upload supporting documentation.



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 in 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 >](#)

Dependents and Required Documentation

To add a newborn we require:

- Government issued Birth Certificate submitted within one year of the birth of the child with the member listed as a parent of the child.
- Copy of Social Security card within one year of the birth of the child.
- The child will be approved before documentation is submitted so hospital and doctors claims can be covered while birth certification is being processed.

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



NJDPB | mynjbenefitshub

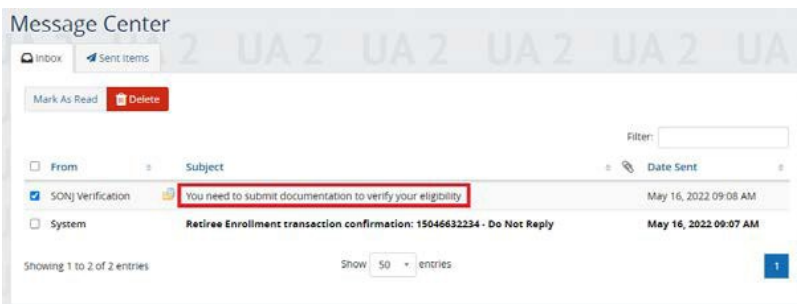
Home **Message Center** Reference Center DONNA [REDACTED]

Type Here to Search

Home Hot Topics IRMAA Change My Benefits My Benefits Flu - COVID Vaccination Information Contacts

Retiree Letters

Click on the subject line to open the message.



Message Center

Inbox Sent Items

Mark As Read Delete

Filter:

From	Subject	Date Sent
<input checked="" type="checkbox"/> SONJ Verification	You need to submit documentation to verify your eligibility	May 16, 2022 09:08 AM
<input type="checkbox"/> System	Retiree Enrollment transaction confirmation: 15046632234 - Do Not Reply	May 16, 2022 09:07 AM

Showing 1 to 2 of 2 entries

Show 50 entries

On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify these changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

To:
SONJ Verification

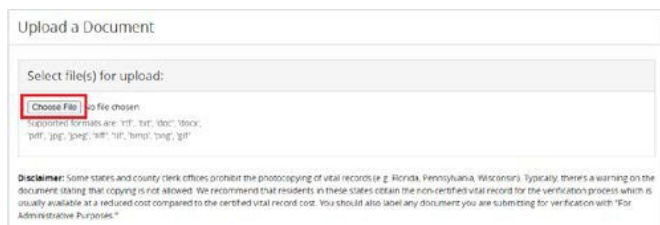
From:
CYNTHIA [REDACTED]

Subject:
You need to submit documentation to verify your eligibility



A large, empty rectangular text input field with a red border, intended for typing a message to the administrator.

Then select, **Choose File** to upload a document.



The screenshot shows the 'Upload a Document' interface. It features a section titled 'Select file(s) for upload:' with a 'Choose File' button highlighted by a red box. Below the button, it says 'no file chosen' and lists supported formats: 'Supported formats are: ttf, txt, doc, docx, pdf, jpg, jpeg, gif, tif, bmp, png, zip'. At the bottom, there is a disclaimer: '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."'.

Finally, click **Send** to send the message with your files to the administrator for approval.

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

[Return to top of section](#)

Enroll With No Loss of Coverage (60-day Delay)

[Return to top of section](#)

Member Enroll With No Loss of Coverage Event – 60-day Delay:

This will allow you to enroll in coverage without providing proof of coverage loss. The only caveat is that there will be a mandatory 60-day waiting period before the coverage will begin.

First click **Change My Benefits**.



Then click **Change My Benefits** again on the next screen.



Choose **Life Event > Medical Plan Change**.

LIFE EVENT
<small>Examples: Marriage/Divorce, Birth/Death</small>
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
Dental Plan Change
Disability Retirement Enrollment BAR
Divorce
Drop All Coverage on Demand Please Enter Today's Date
Drop Ch 375 Dependent Coverage on Demand Please Enter Today's Date
Gains Coverage Elsewhere
Losses Coverage Elsewhere
Marriage
Medical Plan Change
Medicare ID Enrollment or Disenrollment
Reinstate Spouse with updated Medicare Information
Update Dependent Demographic Information Only

Enter today's date.

Medical Plan Change X

What date are resulting changes effective?

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **11/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **10/31/2022**

[Show Plan Exceptions](#)

On the next page, scroll to the bottom and click **Start Change**.

Then, update any demographic information and click **Next**.

Address 1: *

Address 2:

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

City: *

State: *

ZIP: *

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? *

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

Personal Email Address: *

Confirm Personal Email Address: *

Home Phone:

Work Phone:

On the **Medical Election Summary** page, click **Edit**.



Medical Election Summary


Review Your Election

Coverage Waived	<input type="button" value="Edit"/>
Waive Option Selected	Waive Medical and Dental Retiree

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options No, Waive Coverage

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

<input checked="" type="checkbox"/> DONNA [REDACTED] (required)	
Effective Date	Term Date
07/01/2022	
<input checked="" type="checkbox"/> FRANCIS [REDACTED] - Spouse - [REDACTED]	
Effective Date	Term Date
07/01/2022	

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.



Garden State Health Plan (099) **aetna**

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

Other Plan Rules Apply - [View Details](#)

Plan Details **Selected**

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA [REDACTED]

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. *

No

Once completed, click **Next** at the bottom of the screen.



< Previous Next >

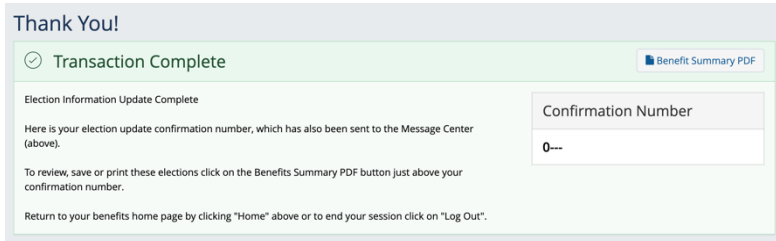
Please note: If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



✓ Approve

You will know your transaction has been submitted successfully when you receive the **Transaction Complete** screen. However, you may still need to upload documents to verify eligibility for your dependents.



Thank You!

Transaction Complete [Benefit Summary PDF](#)

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number

0---

Dependents and Required Documentation

To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

To add a child we require:

- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

[Return to top of section](#)

Add Dependent(s) No Loss of Coverage Event - With a 60-day Delay

[Return to top of section](#)

Add Dependent(s) No Loss of Coverage Event - With a 60-day Delay:

This will allow you to add dependents without providing proof of coverage loss. The only caveat is that there will be a mandatory 60-day waiting period before the coverage will begin.

First click **Change My Benefits**.



Then click **Change My Benefits** again on the next screen.



Choose **Life Event > Add Dependents Without Loss of Coverage**.

▼ 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
Dental Plan Change
Disability Retirement Enrollment SAR
Divorce
Drop All Coverage on Demand-Please Enter Today's Date
Drop Ch 375 Dependent Coverage on Demand-Please Enter Today's Date
Gains Coverage Elsewhere
Loses Coverage Elsewhere
Marriage
Medical Plan Change
Medicare D Enrollment or Disenrollment
Reestate Spouse with Updated Medicare Information
Update Dependent Demographic Information Only

Enter the day that new coverage will begin (the day after previous coverage has ended).

Add Dependents Without Loss of Coverage X

What date are resulting changes effective?

10/01/2022

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **11/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **10/31/2022**

[Show Plan Exceptions](#)

Cancel

Continue

Then, update any demographic information and click **Next**.

Address 1: *

Address 2:

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

City: *

State: *

ZIP: *

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? *

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

Personal Email Address: *

Confirm Personal Email Address: *

Home Phone:
555-555-1234

Work Phone:
555-555-1234

On the next page, click **Add a New Dependent**.

Your Family

Name	Relationship	Gender	Date of Birth	
Francis [REDACTED]	Spouse	Male	[REDACTED]	Edit

[+ Add a New Dependent](#)

[← Back](#) [Looks Good →](#)

Enter your dependent's information and click **Save Changes**.

Dependent Information

Is this dependent currently or planning to be enrolled in Medicare? *

No

Relationship: * Child

First Name: * Test

Middle Initial:

Last Name: * Test

Date of Birth: * 09/15/2022
MM/DD/YYYY

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.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:

123-45-6789

Cannot provide Social Security Number

Then click, **Looks Good**

[Looks Good →](#)

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options No, Waive Coverage

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONNA [REDACTED] (Required)

Effective Date

Term Date

07/01/2022

FRANCIS [REDACTED] Spouse [REDACTED]

Effective Date

Term Date

07/01/2022

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.



Garden State Health Plan (099) **aetna**

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

⚠ Other Plan Rules Apply - [View Details](#)

Plan Details Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA [REDACTED]

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.*

No

Once completed, click **Next** at the bottom of the screen.



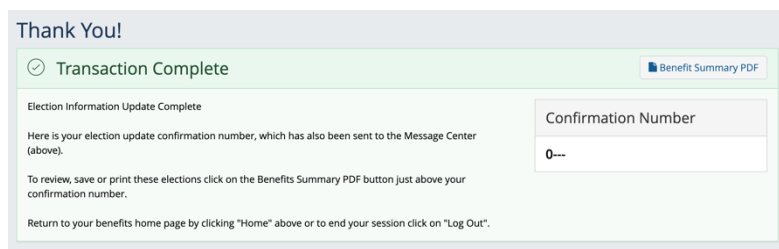
< Previous Next >

Please note: If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



You will know your transaction has been submitted successfully when you receive the **Transaction Complete** screen. However, you may still need to upload documents to verify eligibility for your dependents.

A screenshot of a "Thank You!" screen. At the top, it says "Thank You!" and "Transaction Complete" with a checkmark icon. There is a "Benefit Summary PDF" button. Below that, it says "Election Information Update Complete" and "Here is your election update confirmation number, which has also been sent to the Message Center (above)." There is a "Confirmation Number" field with "0--" entered. At the bottom, it says "Return to your benefits home page by clicking 'Home' above or to end your session click on 'Log Out'."

Dependents and Required Documentation

To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

To add a child we require:

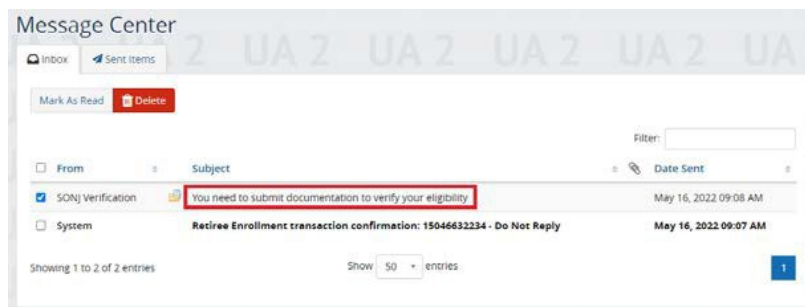
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.

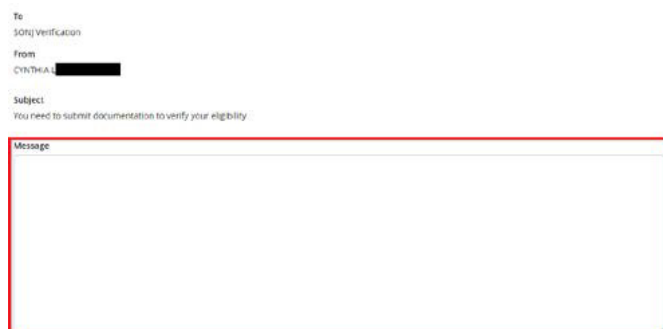


On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.

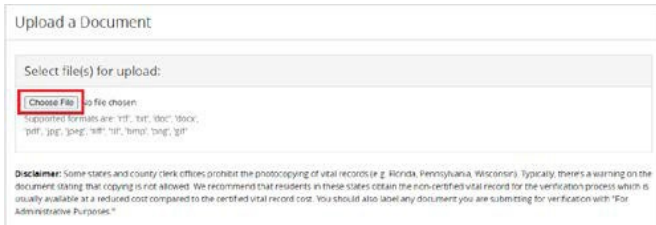


You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify those changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.



Then select, **Choose File** to upload a document.



Finally, click **Send** to send the message with your files to the administrator for approval.

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

[Return to top of section](#)

Enroll with a Loss of Coverage Event - Within 60 Days to Enroll Date of Coverage Loss

[Return to top of section](#)

Enroll with a Loss of Coverage Event - Within 60 Days to Enroll Date of Coverage Loss

This action will allow you to enroll in coverage effective the day immediately after you have lost coverage. You will need to upload proof of termination from your previous insurance carrier in order for this transaction to be approved.

First click **Change My Benefits**.



Then click **Change My Benefits** again on the next screen.



Choose **Life Event > Loses Coverage Elsewhere**.

LIFE EVENT	
Emergency	
Marriage	
Divorce	
Death	
Loss of Coverage	
Loss of Coverage Elsewhere	
Gain Coverage Elsewhere	
Medicare Enrollment	
Medicare ID Enrollment or Disenrollment	
Reinstatement with Updated Medicare Information	
Update Dependent Demographic Information Only	
Address and Phone Information Change	
Birth or Adoption	
Death of Dependent	
Denial Plan Change	
Disability Retirement Enrollment EAP	
Divorce	
Drop All Coverage on Demand Please Enter Today's Date	
Drop CH 275 Dependent Coverage on Demand Please Enter Today's Date	
Gain Coverage Elsewhere	
Loss of Coverage Elsewhere	
Marriage	
Medical Plan Change	
Medicare ID Enrollment or Disenrollment	
Reinstatement with Updated Medicare Information	
Update Dependent Demographic Information Only	

Enter the last day of coverage and click **Continue**.

Loses Coverage Elsewhere X

What was the last date of coverage?

09/30/2022

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **10/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/30/2022**

[Show Plan Exceptions](#)

Cancel

Continue

Then, update any demographic information and click **Next**.

Address 1: *

Address 2:

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

City: *

State: *

ZIP: *

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? *

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

Personal Email Address: *

Confirm Personal Email Address: *

Home Phone:
555-555-1234

Work Phone:
555-555-1234

On the next page, click **Add a New Dependent**.

Your Family

Name	Relationship	Gender	Date of Birth	
Francis [REDACTED]	Spouse	Male	[REDACTED]	Edit

[+ Add a New Dependent](#)

[← Back](#) [Looks Good →](#)

Enter your dependent's information and click **Save Changes**.

Dependent Information

Is this dependent currently or planning to be enrolled in Medicare? *

No

Relationship: * Child

First Name: * Test

Middle Initial:

Last Name: * Test

Date of Birth: * 09/15/2022
MM/DD/YYYY

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.
The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number:
123-45-6789

Cannot provide Social Security Number

Then click, **Looks Good**

[Looks Good →](#)

To enroll in coverage, click **Yes, See My Options**, otherwise choose the option to **Waive**.

Would you like to enroll in Medical coverage?

Yes, See My Options No, Waive Coverage

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

DONNA █████ (required)

Effective Date: 07/01/2022 Term Date:

FRANCIS █████ - Spouse - █████

Effective Date: 07/01/2022 Term Date:

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.

Garden State Health Plan (099) 

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

 Other Plan Rules Apply - [View Details](#)

 Plan Details Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA █████

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. *

Once completed, click **Next** at the bottom of the screen.

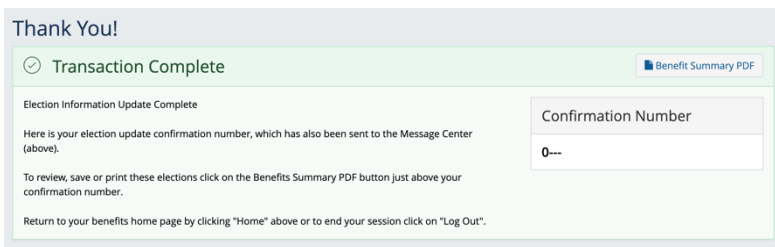


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Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



You will know your transaction has been submitted successfully when you receive the **Transaction Complete** screen. However, you may still need to upload documents to verify eligibility for your dependents.



Dependents and Required Documentation

Proof of Coverage loss required for **Loses Coverage Elsewhere** Transaction

- Termination letter must show effective date and can be obtained by contacting previous insurance carrier.

To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns. Only submit the first page with all the financial data redacted.)

To add a child we require:

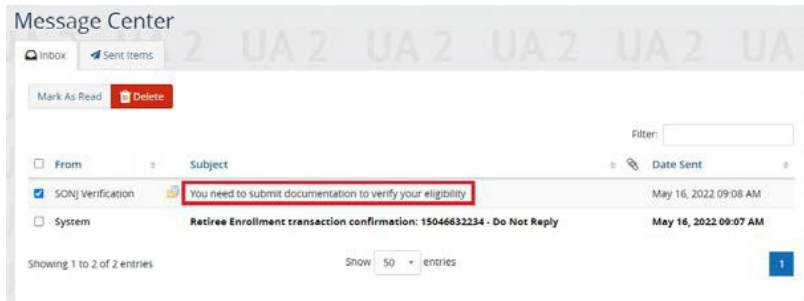
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

How to Upload Documents

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Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify those changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

To: [REDACTED]
From: CYNTHIA [REDACTED]
Subject: You need to submit documentation to verify your eligibility.

Message

Then select, **Choose File** to upload a document.

Upload a Document

Select file(s) for upload:

Choose File | No file chosen.

Supported formats are: ".rtf", ".txt", ".doc", ".docx", ".pdf", ".jpg", ".jpeg", ".gif", ".bmp", ".png", ".zip"

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."

Finally, click **Send** to send the message with your files to the administrator for approval.

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

[Return to top of section](#)

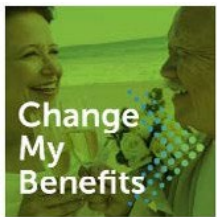
Add Dependents With a Loss of Coverage Event - Within 60 Days of the Loss of Coverage Event:

[Return to top of section](#)

Add Dependents With a Loss of Coverage Event - Within 60 Days of the Loss of Coverage Event:

This action will allow you to enroll your dependents in coverage as of the day immediately after you have lost coverage. You will need to upload proof of termination from your previous insurance carrier in order for this transaction to be approved.

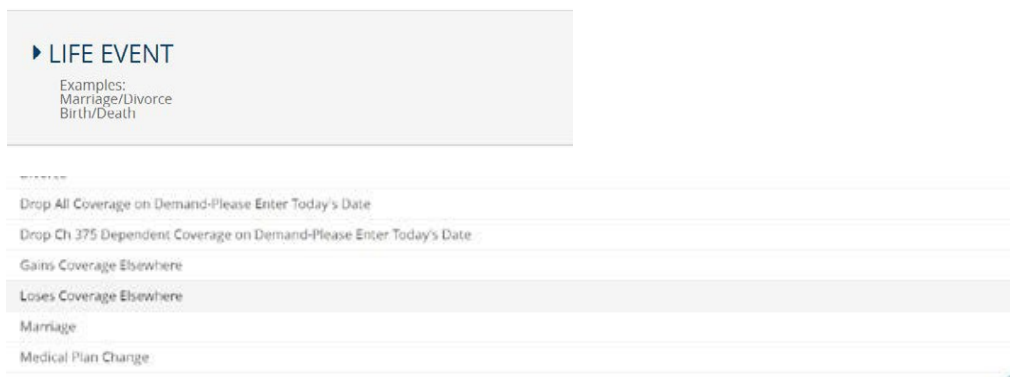
First click **Change My Benefits**.



Then click **Change My Benefits** again on the next screen.



Choose **Life Event > Loses Coverage Elsewhere**.



Enter the last day of previous coverage, then click **Continue**.

Loses Coverage Elsewhere X

What was the last date of coverage?

08/31/2022

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **09/01/2022**
- Any coverage dropped or no longer continued will be terminated on: **08/31/2022**

[Show Plan Exceptions](#)

Cancel

Continue

On the next page, scroll to the bottom and click **Start Change**.

Start Change >

Then, update any demographic information and click **Next**.

Address 1: *

Address 2:

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

City: *

State: *

ZIP: *

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? *

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

Personal Email Address: *

Confirm Personal Email Address: *

Home Phone:
555-555-1234

Work Phone:
555-555-1234

On the next page, click **Add a New Dependent**.

Your Family

Name	Relationship	Gender	Date of Birth	
Francis [REDACTED]	Spouse	Male	[REDACTED]	Edit

[+ Add a New Dependent](#)

[← Back](#) [Looks Good >](#)

Enter your dependent's information and click **Next**.

Is this dependent currently or planning to be enrolled in Medicare? *

No

Relationship: * Child

First Name: * Test

Middle Initial:

Last Name: * Test

Date of Birth: * 12/01/1993
MM/DD/YYYY

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.

The Affordable Care Act requires that employers request this information for all covered dependents.

Then click **Looks Good** when you return to the **Your Family** page.

[Looks Good >](#)

Be sure to click the check mark for any dependents who need to be added to coverage. The **Dependents** page only added their demographic information, so make sure to check the box to actually add them to the coverage. You will automatically have a check mark that will be grayed out but each dependent listed must be individually “checked” to indicate you wish to add them to the plan. For instance, you may elect to enroll your family in Medical and Prescription Drug coverage but elect to only cover yourself for Dental coverage.

Who would you like to cover with Medical coverage?

<input checked="" type="checkbox"/> DONNA █████ (Required)	
Effective Date	Term Date
07/01/2022	
<input checked="" type="checkbox"/> Francis █████ Spouse █████	
Effective Date	Term Date
07/01/2022	

Next, choose the plan you wish to enroll in.

Once the plan is selected, a question will appear below the plan.

This is to determine if you (or any of your dependents) are currently enrolled in another SHBP/SEHBP plan. Dual enrollment is not permitted. If you proceed and create a dual enrollment, this will result in a system error which will create a delay while your enrollment is corrected.

You must confirm **No** you are not enrolled in another SHBP/SEHBP plan, in order to proceed.

Garden State Health Plan (099) **aetna**

Deductible	Out of Pocket Max
\$0	\$1,000
Family	Family

⚠ Other Plan Rules Apply - [View Details](#)

Plan Details Selected

Eligibility Questions - Garden State Health Plan (099)

Questions for DONNA █████

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. *

No ▾

Once completed, click **Next** at the bottom of the screen.

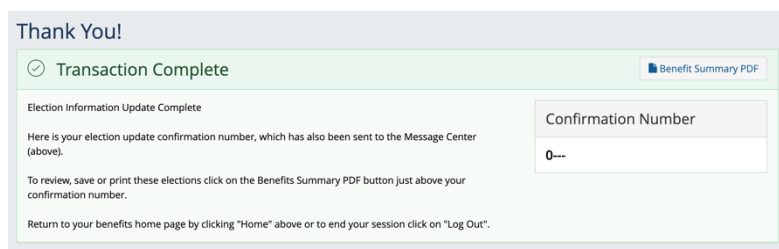
← Previous
Next >

Please note: If you are in a split structure group, you must select a non-Medicare Advantage plan in order to add dependents (you or your spouse, who is on Medicare, will automatically be placed in an equivalent Medicare plan as applicable).

Be sure to click **Approve** at the bottom of the **Summary** page or your transaction will not be submitted to NJDPB Health Benefits Bureau for approval.



You will know your transaction has been submitted successfully when you receive the **Transaction Complete** screen. However, you may still need to upload documents to verify eligibility for your dependents.



Dependents and Required Documentation

Proof of Coverage loss required for **Loses Coverage Elsewhere** Transaction

- Termination letter must show effective date and can be obtained by contacting your previous insurance carrier.

To add a spouse we require:

- Government issued marriage certificate.
- If married for over one year prior to enrollment date, a copy of your most recent 1040 joint tax return is required (no older than two years from date of submission. If filing separately, you will need to provide both returns showing the same address. Only submit the first page with all the financial data redacted.)

To Add a Child We Require:

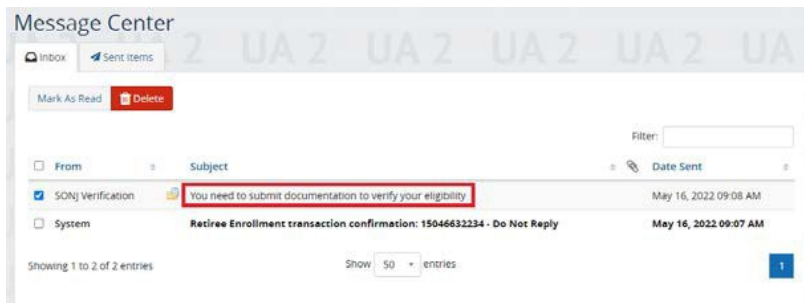
- Government issued birth certificate showing at least one of the parents listed on the coverage.
- Your spouse must also be enrolled in coverage if you are adding a step-child.
- If child is a newborn, the child can be enrolled and you will have up to a year to submit their birth certificate.
- Children that are adopted or being fostered or under a legal guardianship will need to have a court ordered document uploaded showing that the retiree has been given custody or guardianship of the child.

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.



On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.



You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify those changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.

To: SHBP Verification
From: CYNTHIA [REDACTED]
Subject: You need to submit documentation to verify your eligibility.

Message

Then select, **Choose File** to upload a document.

Upload a Document

Select file(s) for upload:

Choose File | No file chosen

Supported formats are: txt, txt, doc, docx, pdf, jpg, jpeg, xls, xls, bmp, 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."

Finally, click **Send** to send the message with your files to the administrator for approval.

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

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Chapter 375, COBRA and Over Age Handicapped Dependents (OAH)

[How to Enroll a Chapter 375 Dependent](#)

[How to Terminate a Chapter 375 Dependent](#)

[COBRA](#)

[Continuance of Coverage for an Over Age Disabled Child](#)

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Chapter 375

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Chapter 375 coverage is available to eligible dependent children aged 26 to 31. A dependent child enrolled under Chapter 375 would age out at the end of the month that they turn 31. They would not have coverage extended to the end of the year as they would when they turned 26.

The dependent would be enrolled in the same medical and prescription drug plan as you (or the corresponding non-Medicare plans as applicable). There are no dental plans available under Chapter 375. A Chapter 375 dependent could enroll in dental through COBRA. For more information regarding Chapter 375 coverage and eligibility requirements see the [Fact Sheet “Health Benefits Coverage of Children Until Age 31 Under Chapter 375”](#).

How to Enroll a Chapter 375 Dependent

To enroll a child in Chapter 375 coverage, the child must first be at least age 26. If they were on coverage previously and have turned 26 during the current year, they must first wait until the end of the year they will age off (age-offs occur at the end of December).

Once the child has aged off or become eligible, you must first login to mynjbenefitshub and click ‘Change My Benefits’.



Then click **Change My Benefits** again on the next screen.



Select **Life Event** > **Add Child Age 26 to 31 Ch 375 Coverage**.

▼ 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

Next, enter the effective date. The effective date for Chapter 375 will almost always be January 1st of the following year. The only time a Chapter 375 dependent can be added, other than the first of the year, is if they experience other coverage loss (if so, proof of coverage loss must be uploaded in order for the transaction to be approved).

Add Child age 26 to 31 Ch 375 Coverage X

What date are resulting changes effective?

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **01/01/2023**
- Any coverage dropped or no longer continued will be terminated on: **12/31/2022**

Cancel Continue

On the next page, scroll to the bottom and click **Start Change**.

[Start Change >](#)

On the next page, either select **Edit** on the child who is aging off, or select **Add a New Dependent** if they were not previously added to coverage.

Your Family



Review Your Dependents

Please add/edit your dependent information.

Name	Relationship	Gender	Date of Birth	
[Redacted]	Spouse	Female	[Redacted]	<input type="button" value="Edit"/>
[Redacted]	Child	Female	05/05/1996	<input type="button" value="Edit"/>

If you are adding an existing dependent to Chapter 375 coverage and clicked **Edit**, change the relationship field to **CH 375 Dependent**. If you are adding a new dependent, you will also need to fill out all of the required fields in their demographic information.

Relationship: *

First Name: *

Middle Initial:

Last Name: *

Child

Please Select One

CH 375 Dependent

Child

Domestic Partner/Civil Union

Foster Child

Legal Ward

Spouse

Once you are finished, click **Next**. You will return to the **Dependent Summary** page, and if everything looks correct, click **Looks Good**.

On the final page, review your changes once more, and if everything looks correct, scroll down and select **Approve**.

Review Enrollment



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

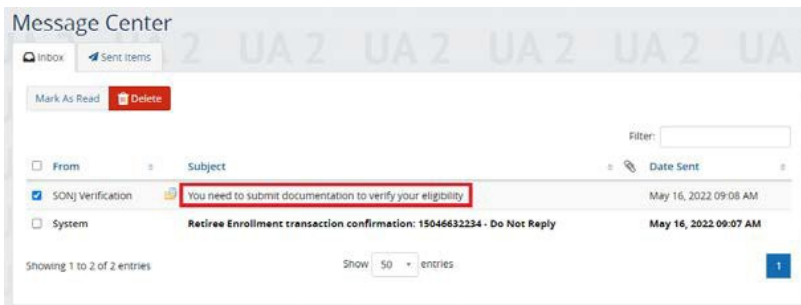
You must click the **Approve** button before you will be enrolled in any plans.

How to Upload Documents

At the top of your Benefitsolver home page, you will see that you have a new message in the **Message Center**. This is notifying you of the requirement to provide documentation verifying eligibility for your dependent(s).



Click on the subject line to open the message.

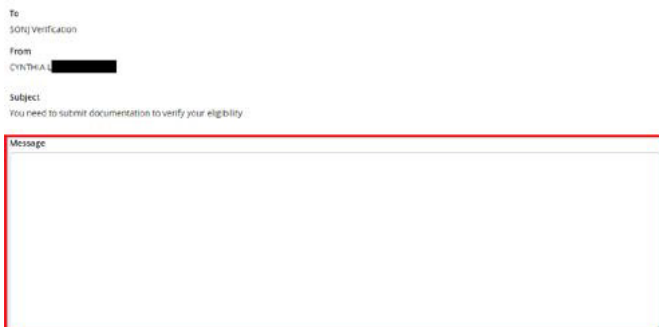


On the next page, select **Reply** or **Upload Document**. Both will ultimately take you to the same place.

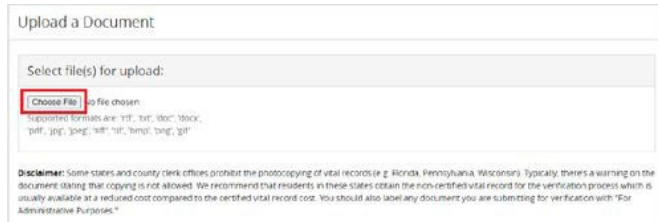


You recently completed an enrollment or change to your enrollment, and as part of our eligibility requirements, you must provide additional documentation to verify those changes. Until the requested documentation is provided, your coverage changes will not be approved.

If you have any questions about what documentation is needed, you will be able to type a message to correspond directly with a SHBP/SEHBP administrator.



Then select, **Choose File** to upload a document.



Upload a Document

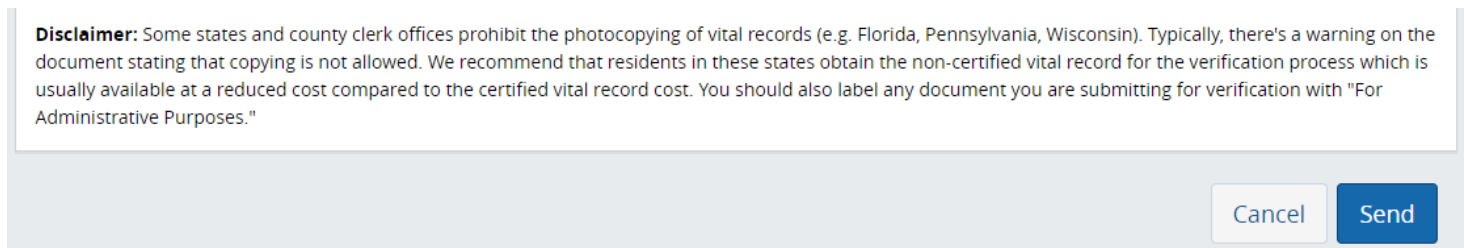
Select file(s) for upload:

Choose File to file chosen.

Supported formats are: ".txt", ".doc", ".docx", ".pdf", ".jpg", ".jpeg", ".tif", ".bmp", ".png", ".zip"

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."

Finally, click **Send** to send the message with your files to the administrator for approval.



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



Documents required for Chapter 375 coverage are:

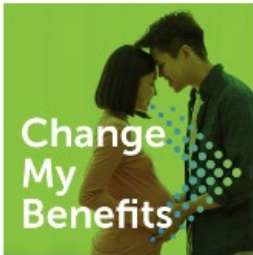
- Government issued birth certificate (if it's not already uploaded or on file).
- Federal tax return showing NJ address or NJ state tax return (to prove residency). Only submit the first page with all the financial data redacted.
- If the child is not a resident of NJ, you will need to provide college transcripts to prove enrollment in an accredited university.

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How to Terminate a Chapter 375 Dependent

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From the home page choose **Change My Benefits**.



Then click **Change My Benefits** again on the next screen.



Choose **Life Event > Drop Ch 375 Dependent Coverage on Demand**

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

Enter today's date and click **Continue**.

Drop Coverage on Demand-Please Enter Today's Date X

What date are resulting changes effective?

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **12/03/2022**
- Any coverage dropped or no longer continued will be terminated on: **12/02/2022**

[Show Plan Exceptions](#)

Follow through the prompts, updating any address information if necessary

Address 1: *

Address 2:

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

City: *

State: *

ZIP: *

Continue past **Medical** and Dental pages until you reach the **Chapter 375 Dependent Election Summary**, then click **Edit** next to **Plan Selected**.

Chapter 375 Dependent Election Summary




Review Your Election


Enrolled in Chapter 375 Dependent? Yes		Edit
Covered Members		Edit
Members	Covered	
	No	
	No	
Relationship: CH 375 Dependent Date of Birth: 01/01/1994 Effective Date: 11/01/2022	Yes	
Plan Selected		Edit
Plan Selected	CWA Unity Direct (023)	
Employee Cost	\$345.04 State Bi-Weekly	

On the following page, click **Drop Chapter 375 Dependent Coverage**.

Chapter 375 Dependent



Covered Members		Edit
Test		

CWA Unity Direct (023)


State Bi-Weekly
Premium
\$345.04
Individual

[Plan Details](#)


[Drop Chapter 375 Dependent Coverage](#)


Click **Yes**.

Are you sure you want to drop this coverage?

Then click **Next**.

Chapter 375 Dependent



 If you have a dependent child who is between age 26 and 31, and either resides in New Jersey or is a full time student, you may enroll them in your medical plan at the full cost of the coverage. You will be billed separately for this coverage.

Would you like to enroll in Chapter 375 Dependent coverage?

I Want Coverage Drop Coverage

Why Waive Coverage

Please Select One

On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.

My Security		Employee Cost
Plan	Coverage	State Bi-Weekly
Chapter 375 Dependent ✖ Coverage Terminated		\$0.00 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](#)

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COBRA

If you need to enroll in COBRA or have any questions regarding COBRA, contact the Businessolver COBRA line at (833) 929-1101. Businessolver is the administrator for the SHBP/SEHBP COBRA population. All COBRA enrollments and payments are handled by Businessolver.

For more information about COBRA see the Fact Sheet: [COBRA- The Continuation of Health Benefits](#).

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Continuance of Coverage For an Over Age Disabled Child

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A child who is not capable of self-support when they reach age 26 due to a mental or physical disability may be able to remain under your retiree coverage. There cannot be any gap in coverage for an over age disabled child to remain eligible.

Coverage for children with disabilities may continue only while:

1. The parent is covered through the SHBP or SEHBP;
2. The child continues to be disabled;
3. The child is unmarried; and
4. The child remains dependent on the parent for support and maintenance.

To apply a [Continuance for Dependent with Disabilities form](#) and proof of the child's condition must be sent to the NJDPB no later than January 31st of the year following the child's 26th birthday.

For more information regarding over age children with disabilities you may contact the NJDPB Office of Client Services at (609) 292-7524 or visit the NJDPB website www.nj.gov/treasury/pensions/hb-active-dependents.shtml

To learn more see the Fact Sheet: [Health Benefits Coverage Continuation for Over Age Children With Disabilities](#).

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How to Update Your Demographic Information

[Update Address and Other Demographic Changes](#)

[Dependent Demographic Changes](#)

[Update Dependent SSN](#)

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Demographic Changes

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Update Mailing Address, Phone Number, and/or Email Address:

Choose either **Change My Address or Email** or **Change My Benefits** (both will take you to the same place).



Then click **Change My Benefits** again on the next screen.



Choose **Life Event > Address and Phone Information Change**.

▼ LIFE EVENT Examples: Marriage/Divorce Birth/Death
Add Child age 25 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
Dental Plan Change
Disability Retirement Enrollment BAR
Divorce

Enter today's date and click **Continue**.

Address and Phone Information Change X

Reminder: Any resulting effective dates or termination dates will be based on the date of submission

What date are resulting changes effective?

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **09/27/2022**
- Any coverage dropped or no longer continued will be terminated on: **09/26/2022**

On the next page, scroll to the bottom and click **Start Change**.

Enter your address change.

Address 1: *

Address 2:

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

City: *

State: *

ZIP: *

The following page will allow you to update your email address as well as Medicare information.

Are you enrolled in Medicare? *

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

Personal Email Address: *

Confirm Personal Email Address: *

Home Phone:

Work Phone:

On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.

✓ Approve

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Dependent Demographic Changes

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Update Dependent's Demographic Information:

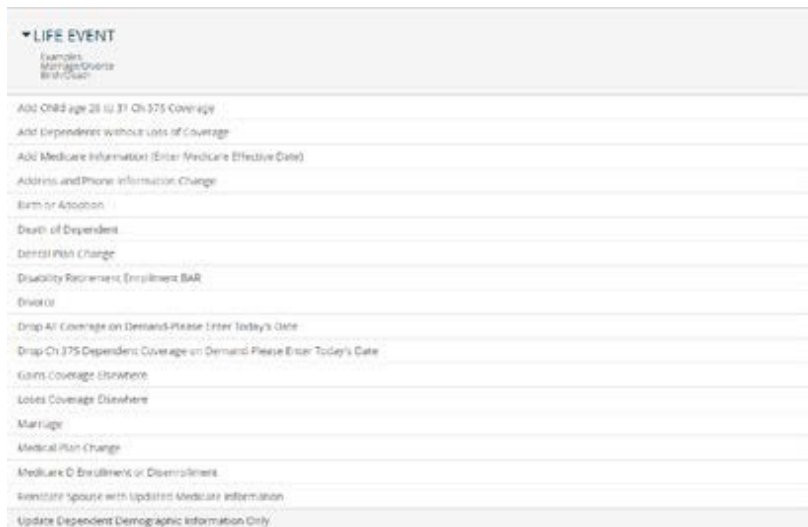
Choose either **Change My Address or Email** or **Change My Benefits** (both will take you to the same place).



Then click, **Change My Benefits** again on the next screen.



Then choose **Life Event > Update Dependent Demographic Information Only**.



Then enter today's date and click **Continue**.

Update Dependent Demographic Information Only ✕

Reminder: Any resulting effective dates or termination dates will be based on the date of submission

What date are resulting changes effective?

10/05/2022

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **10/05/2022**
- Any coverage dropped or no longer continued will be terminated on: **10/04/2022**

Cancel

Continue

On the next page, scroll to the bottom and click **Start Change**.

Start Change >

Then click **Edit** next to the dependent you'd like to modify.

Name	Relationship	Gender	Date of Birth	
[REDACTED]	Spouse	Female	[REDACTED]	Edit

On the next page, update any demographic information needed.

Address 1: * [REDACTED] RD

Address 2: [REDACTED]

PO BOX - Enter only the numeric portion of your PO Box, if applicable.: [REDACTED]

City: * [REDACTED]

State: * NJ

ZIP: * [REDACTED]

Once you are finished, click **Next**. You will return to the **Dependent Summary** page, and if everything looks correct, click **Looks Good**.

Looks Good >

Then enter any necessary Medicare information and click **Next**.



Your Information

Are you enrolled in Medicare? *

No

Your eligibility for retiree plans depends upon the medicare status of yourself and any dependents you intend to cover. If you are enrolled in Medicare, and you wish to cover a spouse who is not enrolled in Medicare, please select "Split Medicare" below. If you are not enrolled in Medicare, and you wish to cover a spouse who is enrolled in Medicare, please select "Split Medicare" below. *

No Medicare

Personal Email Address: *
test@test.com
user@mydomain.com

Confirm Personal Email Address: *
test@test.com

Home Phone:
555-555-1234

Work Phone:
555-555-1234

On the final page, review your changes once more, and if everything looks correct, scroll down and select **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.

✓ Approve

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Update SSN or ITIN for Dependent

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Update SSN or ITIN for Dependent:

You can update your dependents' Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) by using the **Update Dependent Demographic Information Only** action.

If a Social Security number is being updated, you must upload a copy of your dependent's Social Security card into Benefitsolver so that the NJDPB staff can approve the transaction.

Medicare Advantage (MA)

Medicare Advantage (MA) and Outside MA Plans

If you are enrolled in a SHBP/SEHBP Medicare Advantage (MA) plan and then you sign-up for an outside MA plan, you will be bumped out of your SHBP/SEHBP MA plan.

If this has happened to you, and you wish to be re-enrolled into the SHBP/SEHBP MA plan, you must send proof of your disenrollment to the NJDPB. The disenrollment letter must include the date that you were terminated from the other MA plan.

Note: If you and/or your spouse are enrolled in a MA plan, the MA plan is primary and there is no coordination of benefits with Medicare supplemental plans.

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Medicare Part D

SHBP/SEHBP Medicare Part D Plans

Retirees and their spouse/partner who are enrolled in a SHBP/SEHBP prescription drug plan will automatically be converted to the corresponding SHBP/SEHBP Medicare Part D prescription drug plan once they are enrolled in Medicare Parts A and B. The retiree and/or their spouse/partner will receive a new Medicare Part D prescription drug ID card in the mail. Any non-Medicare eligible members and dependent children will remain enrolled in their existing prescription drug plan and would continue to use their existing ID cards to fill their prescriptions.

No action is required on your part to convert from the retiree prescription drug plan to the Medicare Part D plan. Members enrolled in a SHBP/SEHBP Medicare Part D plan cannot enroll in another outside Medicare Part D plan or they will get bumped out of the SHBP/SEHBP Medicare Part D plan.

If You Enroll in an Outside Medicare Part D Plan

Depending on which medical plan you are enrolled in, you might also be disenrolled from your medical plan when you enroll in an outside Medicare Part D plan.

If you are enrolled in a SHBP/SEHBP supplemental medical plan (plan is secondary to traditional Medicare) and you then enroll in an outside Medicare Part D plan, **only** your SHBP/SEHBP Medicare Part D plan will be terminated and you will remain enrolled in your existing supplemental medical plan.

If you are enrolled in a SHBP/SEHBP MA Medical plan and you then enroll in an outside Medicare Part D plan then you might be disenrolled from your MA plan.

- If the other drug plan is also a group Medicare Part D plan then you will remain enrolled in your existing MA plan and you will only be disenrolled from the SHBP/SEHBP Medicare Part D plan.
- If the other drug plan is an individual private Medicare Part D plan then you will be disenrolled from **both** your MA plan and the SHBP/SEHBP Medicare Part D plan.

If later you terminate your outside Medicare Part D plan and you wish to be re-enrolled into the SHBP/SEHBP Medicare Part D plan you must send proof of your disenrollment to the NJDPB. The disenrollment letter must include the date that you were terminated from the other Medicare Part D plan.

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Other Topics

You will no longer be able to see your employee benefits information in Benefitsolver once you can view your retiree benefits information - even if you are still currently working and have not yet terminated employment. Contact your Human Resources department if you need to make any changes to your active employee benefits during the transition period when you are going from employee status to retiree status.

The NJDPB Office of Client Services staff have **Administrator** access in Benefitsolver. They can view your enrollment as an Administrator, but they cannot see the same screens that you see when you access Benefitsolver as a member. The NJDPB staff cannot log into your member account.

Reasons a New Retiree May Not Be Able to Enroll in Health Coverage:

In certain limited instances, the only way for you to be enrolled in coverage would be for the NJDPB staff to process the enrollment on your behalf. Some examples where this may be necessary are:

- If you were auto-enrolled and changed your retirement date, your coverage effective dates may have to be updated by NJDPB staff.
- You missed your initial new retiree enrollment window. You must provide the extenuating circumstances explaining why you had missed your enrollment window. The NJDPB will review these appeals on a case by case basis.
- If you are a new retiree and do not see the Retiree Enrollment banner to select your benefits.

If you need to be manually enrolled for any of these reasons, please reach out to the NJDPB Office of Client Services at (609) 292-7524.

Reasons Your Coverage May Have Been Terminated:

CANCELLED RETIREMENT – You apply for retirement and enroll in retired health benefits, but later cancel your retirement.

DEATH - SURVIVOR RIGHTS – When a retiree dies, the system automatically terminates their benefits. If there is a surviving spouse on your benefits, the spouse will automatically be set up with survivor eligibility in SHIPS.

CHANGE EMPLOYER ID – We may need to manually terminate retiree coverage due to you being enrolled under the wrong location. In this case, we are only terminating your coverage to set up coverage again under the correct location.

EMPLOYER TERM – When a ‘Local Government’ employer terminates their participation in SHBP/SEHBP, this will cause all of their retirees/employees to lose coverage (as the employer is the one paying for their benefits in this scenario). Locations participating in Chapter 330, retired teachers who have free health benefits, and retirees over age 65 will not be terminated and can remain on retiree coverage in the event of an employer termination.

NON-PAYMENT – If a retiree has not made payments toward their health benefits, their benefits may be terminated automatically.

RETURN TO EMPLOYMENT – Once you forfeit your pension check, due to return to employment provisions, you are no longer eligible for retiree health benefits. Your retiree health benefits terminate because you have returned to employment.

SUSPENSE – Members can be terminated for criminal charges, fraud, jail, other criminal activity, etc.

NO FULL MEDICARE – Your coverage may be terminated if your account lacks sufficient proof of Medicare enrollment once you become eligible.

DISABILITY DENIED – This termination scenario is when you have applied for disability retirement and have already enrolled in health benefits. If you are then denied disability retirement, you are retroactively disenrolled in retiree health benefits.

EMPLOYER TERM W/ COBRA BENEFITS – When a location disbands entirely (usually charter schools, sometimes fire districts); we terminate all retirees who are not Chapter 375 or Educators with free health benefits. They are then offered COBRA.

INDIVIDUAL PRIVATE MED D PLAN – If you are enrolled in a MA plan and then enroll in an individual private Medicare Part D plan you will be disenrolled from both your SHBP/SEHBP MA medical plan and your SHBP/SEHBP Medicare Part D plan.

If You Were Terminated Due to No Medicare Proof:

If proof of Medicare enrollment has not been entered into Benefitsolver you will be automatically terminated from coverage. Once you have been terminated, you must contact the NJDPB Office of Client Services to be reinstated. All reinstatements are processed prospectively and may result in a gap in coverage. You would be responsible for any claims incurred due to termination for no Medicare proof.

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Benefit Action Rules (BAR) Index

[Retiree Enrollment Process \(Non-Medicare\)](#)

Function: To enroll a new retiree who is not yet eligible for Medicare into retired health benefits.

Timeframe: The member will be able to enroll as early as 60 days prior to and as late as 60 days after the retired health benefits effective date. Once the member submits the transaction, they will have 60 days from the date of submission to upload their dependent verification documents.

[Retiree Enrollment Process \(Medicare\)](#)

Function: To enroll a new retiree who is currently eligible for Medicare into retired health benefits.

Timeframe: The member will be able to enroll as early as 60 days prior to and as late as 60 days after the retired health benefits effective date. Once the member submits the transaction, they will have 60 days from the date of submission to upload their dependent verification documents.

[Plan Change – Medical and Rx](#)

Function: To allow a retiree to change their Medical and Rx plan at any time, provided they have been enrolled in their current plan for at least 12 months.

Timeframe: The coverage will be effective as of the first of the following month. The member must have been enrolled in their current plan for more than 12 months or the transaction will be rejected.

[Plan Change – Dental](#)

Function: To allow a retiree to change their Dental plan at any time, provided they have been enrolled in their current plan for at least 12 months.

Timeframe: The coverage will be effective as of the first of the following month. The member must have been enrolled in their current plan for more than 12 months or the transaction will be rejected.

[Plan Change – Both Medical and Dental](#)

Note: There is no action to change Medical and Dental simultaneously. Members must submit the Medical plan change and the Dental plan change separately.

[Add Medicare Proof of Enrollment for New Spouse](#)

Function: To update Medicare proof of enrollment information in Benefitsolver.

Marriage

Function: To add a recently married spouse.

Timeframe: The transaction must be submitted within 60 days of the date of the Marriage. Once the transaction is submitted, the member will have 60 days from the transaction date to upload the Marriage Certificate. The spouse will be added retroactively to the actual date of marriage.

Birth

Function: To add a newborn child.

Timeframe: The transaction must be submitted within 60 days of the birth of the child. Once the transaction is submitted, the child will be added to coverage before documentation is uploaded. The member will have up to 12 months to submit the Birth Certificate and the child's Social Security Card. If no documentation is uploaded before the end of the 12-month period, the child will be retroactively removed.

Member Enrollment With No Coverage Loss Event (60-day Wait)

Function: To enroll in previously waived retired coverage without any evidence of disenrollment from another employer group plan.

Timeframe: Coverage will be effective the first of the month following a 60-day waiting period. The member will have up to 60 days from the date they submitted the transaction to upload any dependent verification documents.

Add Dependents With No Coverage Loss Event (60-day Wait)

Function: To add dependents without any evidence of disenrollment from another employer group plan.

Timeframe: Coverage will be effective the first of the month following a 60-day waiting period. The member will have up to 60 days from the date they submitted the transaction to upload dependent verification documents.

Enroll With Coverage Loss Event (Within 60 Days)

Function: To enroll in retired health benefits following the loss of coverage from another employer group plan.

Timeframe: Coverage will be effective the day exactly after the member has lost coverage from the other employer group plan. The transaction must be submitted within 60 days of the initial coverage loss. The member will have 60 days from the date they submitted the transaction to upload proof of coverage loss as well as any required dependent verification documents.

Add Dependent With Coverage Loss Event (Within 60 Days)

Function: To enroll a dependent in retired coverage following the loss of coverage from another employer group plan.

Timeframe: Coverage will be effective the day exactly after the dependent has lost coverage from the other employer group plan. The transaction must be submitted within 60 days of the initial coverage loss. The member will have 60 days from the date they submitted the transaction to upload proof of coverage loss as well as any required dependent verification documents.

Demographic Changes

Function: To update address, phone numbers and other general demographic information.

Dependent Demographic Changes

Function: To update a dependent's address, phone number and other general demographic information.

Update Dependent SSN

Function: To correct an error in a dependent's Social Security number. A copy of the dependent's Social Security card must be uploaded for the NJDPB to approve the transaction.

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