



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — HEALTH BENEFITS SECTION

P.O. Box 295, Trenton, NJ 08625-0295

**P.L. 1999, c. 48 (CHAPTER 48) —
EMPLOYER CERTIFICATION FOR HEALTH BENEFITS**

TO BE COMPLETED BY THE EMPLOYER

Retiree's Name _____ SSN _____

Employer Name _____ Employer # _____

SECTION 1 — ELIGIBILITY

___ Retiree is not eligible for employer paid health benefits under the provisions of Chapter 48; **OR**

___ I certify that the above-stated retiree has the required months of service with this employer and meets any other criteria specified for the benefits under the provisions of Chapter 48 which are indicated below.

Is retiree eligible under the provisions of P.L. 2011, c. 78 (Chapter 78)?

Yes or No (circle one)

SECTION 2 — HEALTH BENEFITS

Flat amount \$ _____ to be paid monthly by employer for any coverage level (S, M/S/CU, DP, F, P/C); **OR**

Percent _____ % or flat amount \$ _____ paid monthly by employer for health benefits for member; **AND/OR**

Percent _____ % or flat amount \$ _____ paid monthly by employer for health benefits for dependents.

Medicare Part B Reimbursement ___ Yes ___ No

SECTION 3 — LIMITATIONS (if none indicated, benefits apply as long as employer participates in the SHBP)

If employer-paid benefits in retirement are for a specified limited time, employer payment of health benefits will terminate upon:

___ Retiree attains age _____; **OR**

___ Time limit of _____ months (please convert years to months); **OR**

___ Specified date that health benefits will terminate.

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SECTION 4 — SURVIVING SPOUSE OR PARTNER* BENEFITS

Employer-Paid Surviving Spouse or Partner Coverage:

Yes No

If yes, will health benefits for the surviving spouse or partner be the same as the member?

Yes No

If no, please contact our Office of Client Services, (609) 292-7524, to request another form for survivors.

SECTION 5 — CERTIFICATION

Signature of Certifying Officer _____

Certifying Officer's Name *(please print)* _____

Telephone Number _____

Date _____

*Retirees of SHBP-participating local employers that have adopted a resolution to cover domestic partners are eligible to cover same-sex domestic partners. Retirees of all employers are eligible to cover same-sex civil union partners.

Note: Retirees required to pay a premium share will have the payments taken from their monthly pension check, provided the check is large enough.

**PLEASE RETURN THIS FORM TO: STATE HEALTH BENEFITS PROGRAM
RETIRED HEALTH BENEFITS SECTION
P.O. BOX 299
TRENTON, NJ 08625-0299
OR FAX IT TO: (609) 341-3407**