



# Health Benefits Coverage of Children Until Age 31 Under Chapter 375

Information for:  
State Health Benefits Program (SHBP)  
School Employees' Health Benefits Program (SEHBP)

## ELIGIBILITY

Under the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP), an eligible child is defined as a subscriber's child under age 26. Health benefits coverage for children usually ends as of December 31 of the year in which the child turns age 26.

Under the provisions of P.L. 2005, c. 375 (Chapter 375), as amended by P.L. 2008, c. 38 (Chapter 38), certain over age children may be eligible for coverage until age 31.

This includes a child by blood or law who:

- Is under the age of 31;
- Is unmarried;
- Has no dependent(s) of his or her own;
- Is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and
- Is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.

## ENROLLMENT

A covered employee from a SHBP- or SEHBP-participating employer or retiree may enroll an over age child who is Chapter 375-eligible at either of the following times:

- If, within 60 days of coverage loss for the child, the covered employee or retiree provides proof of loss of other group coverage (HIPAA certificate). If the termination was due to the child attaining age 26 within the SHBP/SEHBP, proof of coverage loss is not required; coverage will be effective the date that the prior coverage was terminated; or
- During the Open Enrollment period of each year (October) if the over age child meets the eligibility requirements of Chapter 375 as outlined previously. Coverage will be effective the following January 1.

## REQUIRED DOCUMENTATION

A completed *Chapter 375 Application*, a photocopy of the over age child's birth certificate, and a photocopy of the front page of the child's most recently filed federal tax return (*Form 1040*) are required. You may black out all financial information and all but the last four digits of any Social Security numbers.

If the child resides outside of the State of New Jersey, documentation of full-time student status must be submitted.

If applicable, proof of loss of other coverage (HIPAA certificate) is also required when enrolling for this extended coverage. If the over age child is adopted, a stepchild, or a legal ward, supporting documentation is required if not already on file. For a description of the required documentation, see the New Jersey Di-

vision of Pensions & Benefits (NJDPB) website at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)

## PLAN SELECTION

Under Chapter 375, an over age child does not have any choice in the selection of benefits, but is enrolled in exactly the same plan or plans (medical and/or prescription drug) that the covered parent has selected. There is no provision for dental or vision benefits. See the "A Note About COBRA Coverage" section.

## COVERAGE COSTS

When Chapter 375 coverage is elected, the covered parent will be billed directly for the cost; therefore, the covered parent is held responsible for the payment of the coverage.

Chapter 375 Rate Charts showing the premium amounts for all health benefit plans are available on our website.

Enrollment of over age children for coverage under Chapter 375 is voluntary. The provisions of Chapter 375 do not require an employer to pay any part of the cost of this coverage.



## WHEN COVERAGE ENDS

Coverage for an enrolled over age child will end when the child no longer meets any one of the eligibility requirements previously listed or when the covered parent's coverage ends (e.g., termination of employment, divorce, or death of the covered parent). Coverage may also be terminated in the event of non-payment of the required premiums.

Chapter 375 coverage ends on the first of the month following the event that makes the child ineligible. Coverage will be terminated in accordance with N.J.S.A. 52:14-17.29k if premiums are not received within 45 days of the payment due date. If the coverage was used and the premium(s) was not paid, the parent and Chapter 375 subscriber will be responsible for the additional monthly premiums. To terminate coverage, complete a *Chapter 375 Application*. A letter signed by the covered parent is also acceptable.

**Note:** Written requests on the bill for termination will not be accepted.

The termination date is dependent upon the following:

- Date of acceptable request to terminate;
- Date of service of last paid claim; and/or
- Non-payment of premiums.

Terminations will not be retroactive unless the request is received within 30 days of the requested termination date and no claims have been paid for services after that date. Otherwise, the coverage will be terminated timely.

## COVERAGE UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)

The year in which your covered child turns age 26, you will receive a COBRA notification letter prior to the termination of the child's coverage, which is required by federal law. The notice outlines the right to purchase continued health coverage, gives the date coverage will end, and the period of time over which coverage may be extended (usually 36 months). Rates for Chapter 375 coverage and COBRA coverage can change annually; be sure to compare the rates prior to enrolling in either program.

There is no provision for the continuation of group coverage under COBRA for a child due to the loss of Chapter 375 coverage, nor is there any provision for conversion to non-group coverage.

Since Chapter 375 does not cover vision and dental benefits, your child may request to obtain them under COBRA.

## ADDITIONAL INFORMATION

For a *Chapter 375 Rate Chart*, a *Chapter 375 Application*, or if you have additional questions, see your employer's benefits administrator, or the Chapter 375 information on the NJDPB website.

If you need information concerning COBRA coverage, see the *COBRA — The Continuation of Health Benefits* Fact Sheet.

You may also contact the NJDPB Office of Client Services at (609) 292-7524, or email the NJDPB at: [pensions.nj@treas.nj.gov](mailto:pensions.nj@treas.nj.gov)

**Note:** Instead of enrolling in Chapter 375 coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through a Special Enrollment Period. Some of these options may cost less than Chapter 375 coverage. You can learn more about many of these options at: [www.healthcare.gov](http://www.healthcare.gov)

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

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

(609) 292-7524

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

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

## DOCUMENTATION REQUIRED FOR SHBP/SEHBP DEPENDENT ELIGIBILITY AND ENROLLMENT FOR COVERAGE UNDER CHAPTER 375, P.L. 2005

Chapter 375, P.L. 2005, requires that only eligible over age dependent children receive health care coverage under the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP). As a result, the Division of Pensions and Benefits requires the following documentation in addition to the *Chapter 375 Enrollment Application* when enrolling an over age dependent child.

DEPENDENTS	CHAPTER 375 ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
<b>CHILDREN UNTIL AGE 26</b>	<p>A subscriber's child until age 26, <i>regardless</i> of the child's marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents.</p> <p>This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.</p>	<p><b>Natural or Adopted Child</b> – A photocopy of the child's birth certificate showing the name of the employee/retiree as a parent.</p> <p><b>Step Child</b> – A photocopy of the child's birth certificate showing the name of the employee/retiree's spouse or partner as a parent <b>and</b> a photocopy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner.</p> <p><b>Legal Guardian, Grandchild, or Foster Child</b> – Photocopies of Final Court Orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the covered employee.</p>
<b>CONTINUED COVERAGE FOR OVER AGE CHILDREN UNTIL AGE 31</b>	<p>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of Chapter 375, P.L. 2005.</p> <p>This includes a child by blood or law who:</p> <p>(1) is under the age of 31; (2) is unmarried or not a partner in a civil union or domestic partnership; (3) has no dependent(s) of his or her own; (4) is a resident of New Jersey or is a student at an accredited public or private institution of higher education with at least 15 credit hours; and (5) is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.</p>	<p>Documentation for the appropriate "Child" type (as noted above) <b>and</b> a photocopy of the front page of the child's most recently filed federal tax return* (<i>Form 1040</i>), <b>and</b> if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</p>

**\*Note:** On tax forms you may black out all financial information and all but the last 4 digits of any Social Security numbers.

To obtain copies of the documentation listed above, contact the office of the Town Clerk in the city of birth, marriage, etc., or visit these Web sites: [www.vitalrec.com](http://www.vitalrec.com) or [www.studentclearinghouse.org](http://www.studentclearinghouse.org) Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration Web site: [www.state.nj.us/health/vital/index.shtml](http://www.state.nj.us/health/vital/index.shtml)



## INSTRUCTIONS FOR COMPLETING CHAPTER 375 APPLICATION FOR COVERAGE OF AN OVERAGE CHILD UP TO AGE 31

Under the provisions of P.L. 2005, c. 375 certain over age children may be eligible for coverage under the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) until age 31. This includes a subscriber's child by blood or law who: is under the age of 31 (a copy of the birth certificate is required); unmarried; has no dependent(s) of his or her own; is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare. An over age child is eligible for coverage in the SHBP or SEHBP medical and prescription drug plans that are identical to the plans in which the covered parent is enrolled. The covered parent is responsible for the entire cost of coverage (see Section 3 below for details).

### SECTION 1 — COVERED CHILD'S INFORMATION

This section pertains to the child enrolling in the Chapter 375 coverage. Complete all requested information. Provide month, day, and year for date of birth. If child is a full-time student, attach copy of the transcript from the accredited public or private institution of higher education. Please be certain to indicate the specific relationship to the covered parent (natural child, adopted, stepchild, etc.).

### SECTION 2 — COVERED PARENT'S INFORMATION

This section pertains to the covered parent under whom regular SHBP or SEHBP dependent child coverage eligibility has ended. Complete all requested information. Provide month, day, and year for date of birth. Please also include a home telephone number for the covered parent.

### SECTION 3 — BILLING ADDRESS

List the complete mailing address where the Health Benefits Bureau should send the monthly bill for Chapter 375 premium payment. The covered parent is responsible for the entire cost of coverage. When Chapter 375 coverage is elected, the covered parent will be billed directly by the SHBP for the cost of the coverage. Chapter 375 rates for all SHBP and SEHBP plans are available on our website at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)

### SECTION 4 — COVERAGE ELECTION

Check the appropriate box:

- Indicate that you wish to enroll for Chapter 375 coverage. You must indicate the same plan in which the covered parent is enrolled. If you select an HMO, you must also list the identification number of the child's Primary Care Physician. Prescription drug coverage, if provided through the SHBP or SEHBP, will be the same as the covered parent's prescription drug enrollment; or
- Indicate that you wish to terminate all coverage under Chapter 375.

### SECTION 5 — CERTIFICATION AND SIGNATURE

Both the Chapter 375 covered child and the covered parent must read the certification and sign and date the application.

**Misrepresentation:** Any person who provides false or misleading information is subject to criminal and civil penalties.

**MAIL COMPLETED APPLICATION TO:**     **New Jersey Division Of Pensions & Benefits**  
                                                                 **Health Benefits Bureau**  
                                                                 **P.O. Box 299**  
                                                                 **Trenton, NJ 08625-0299**



HO-0805-0619



**State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)**  
**REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY & ENROLLMENT FOR COVERAGE UNDER P.L. 2005, c.375**

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