



Temporary HINT Supplemental Enrollment Information Form
Implementing P.L. 2005, c. 375

Group & Employee Information

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

B. Type of Activity (see Important Explanatory Information below)

Date of Event Change – Check all that apply

\_\_\_/\_\_\_/\_\_\_ [ ] Add dependent over the limiting age, but less than 30

\_\_\_/\_\_\_/\_\_\_ [ ] Remove dependent over the limiting age, but less than 30

Reason(s):

\_\_\_/\_\_\_/\_\_\_ [ ] Continuation of Coverage pursuant to P.L. 2005, c. 375

Coverage is being effected:

[ ] During an Open Enrollment

[ ] Within 30 days prior to attainment of limiting age

[ ] Within 30 days after eligibility for other reasons

[ ] During special 12-month enrollment

Billing: [ ] Direct bill dependent. Please provide the billing address:

Street, Apt. Number: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

C. Over-age Dependent Information

Name (last, first, MI): \_\_\_\_\_ Sex: [ ] M [ ] F

Birthdate: (MM, DD, YY) \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_

Other Health Coverage: [ ] Yes [ ] No Other Rx Drug Coverage: [ ] Yes [ ] No

Primary Ofc ID Number: \_\_\_\_\_ Ob/Gyn Ofc ID Number: \_\_\_\_\_

Current Patient: [ ] Yes [ ] No Current Patient: [ ] Yes [ ] No [ ] N/A

Previous Coverage:  Yes  No

If yes, provide the following information AND submit a copy of the certificate of Creditable Coverage that was issued by the previous carrier, if available:

Effective date of prior coverage: \_\_/\_\_/\_\_

Termination date of prior coverage: \_\_/\_\_/\_\_

Name of prior carrier: \_\_\_\_\_

Prior plan number: \_\_\_\_\_

**D. Signature**

_____	_____
Employee	Dependent
_____	_____
Date	Date

<p style="text-align: center;"><b>IMPORTANT EXPLANATORY INFORMATION</b></p> <p>An adult child may request to continue as a dependent on his or her parent's coverage even after the child reaches the limiting age under the terms of the policy if the adult child:</p> <ul style="list-style-type: none"><li>• is not yet 30 years old</li><li>• is unmarried</li><li>• has no children</li><li>• lives in New Jersey or, if not a New Jersey resident, is a full-time student at an accredited institution of higher education</li><li>• is not eligible for Medicare and is not actually covered under another group or individual health plan.</li></ul> <p>An adult child may make the request to continue as a dependent on his or her parent's coverage either:</p> <ul style="list-style-type: none"><li>• when he or she first reaches the limiting age</li><li>• when he or she first becomes eligible for a reason other than reaching the limiting age (for example, the adult child becomes a full-time student in another state, or returns to live in New Jersey after residing elsewhere), or</li><li>• during the open enrollment period for the group of which the parent is a member.</li></ul> <p>In addition, adult children who reached the limiting age under the parent's coverage prior to May 12, 2006 may make an enrollment request at any time from May 12, 2006 through May 11, 2007.</p> <p><b>The adult child or covered employee may be required to pay up to 102% of the cost of the dependent premium.</b></p>
--