



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 employing agency's Certifying Officer.

Retiree's Name _____ Social Security Number _____
 Employer Name _____ Employer Number _____

PART 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 No

PART 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

PART 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 ____/____/____

PART 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.

PART 5 — CERTIFICATION

_____ / ____ / ____
 Print Certifying Officer Name Signature Date

_____ _____
 Phone Number Email Address

**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 08625-02
 Or Fax To: (609) 341-3407**