



**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

IMPORTANT EXPLANATORY INFORMATION

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:

- is not yet 30 years old
- is unmarried
- has no children
- lives in New Jersey or, if not a New Jersey resident, is a full-time student at an accredited institution of higher education
- is not eligible for Medicare and is not actually covered under another group or individual health plan.

An adult child may make the request to continue as a dependent on his or her parent's coverage either:

- when he or she first reaches the limiting age
- 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
- during the open enrollment period for the group of which the parent is a member.

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.

The adult child or covered employee may be required to pay up to 102% of the cost of the dependent premium.