**TIME OFF BENEFITS**

For additional information please visit [http://www.uhnj.org/hrweb/policies/index.htm](http://www.uhnj.org/hrweb/policies/index.htm)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOLIDAYS</strong></td>
<td>9 Holidays per year. For a list of the days please see the Holiday Policy.</td>
</tr>
<tr>
<td><strong>FLOAT HOLIDAYS</strong></td>
<td>6 days if on the payroll as of January 1, 3 days if hired between Jan 2 - July 1 - 0 days if hired between July 2 - Dec. 31.</td>
</tr>
<tr>
<td><strong>SICK DAYS</strong></td>
<td>1 day per month is accrued and carried year to year, per the Sick Pay Policy. Active employees retiring from a State administered pension plan will be paid for accumulated unused sick days up to $15,000 as per the Unused Sick Time at Retirement Policy.</td>
</tr>
<tr>
<td><strong>VACATION DAYS</strong></td>
<td>Vacation is accrued on a monthly basis. Accruals increase with the years of service. Use of accrued time after 90 days of employment. Please see the Vacation Policy for rates of accrual.</td>
</tr>
</tbody>
</table>

**HEALTH BENEFITS**

For eligibility requirements please visit [http://www.uhnj.org/hrweb/policies/Employee-health-Insurance.pdf](http://www.uhnj.org/hrweb/policies/Employee-health-Insurance.pdf)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL INSURANCE</strong></td>
<td>Eligibility after two months of continuous employment. Premiums are based on a percentage of premium calculation. See Percentage of Premium Calculation Chart.</td>
</tr>
<tr>
<td><strong>PRESCRIPTION PLAN</strong></td>
<td>Eligibility after two months of continuous employment. See rate chart.</td>
</tr>
<tr>
<td><strong>DENTAL INSURANCE</strong></td>
<td>Eligibility after two months of continuous employment. See rate chart.</td>
</tr>
</tbody>
</table>

**PENSION PLANS**

For eligibility requirements please visit [http://www.uhnj.org/hrweb/benefits/retirement.htm](http://www.uhnj.org/hrweb/benefits/retirement.htm)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>PUBLIC EMPLOYEE RETIREMENT SYSTEM (PERS)</strong></strong></td>
<td>Vesting after 10 years of PERS participation Employee contribution</td>
</tr>
<tr>
<td><strong><strong>DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)</strong></strong></td>
<td>Employer contributions are not vested until the 13th consecutive month of employment Employee contributes 5% of annual base salary Employer contributes 3% of annual base salary</td>
</tr>
</tbody>
</table>

**GROUP LIFE INSURANCE**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>PERS</strong></strong></td>
<td>Employer: 1.5 times the annual salary Employee: 1.5 times the annual salary prorated the first year Employee contributes 1/2% of annual salary In combination total coverage is three (3) times base annual salary</td>
</tr>
<tr>
<td><strong><strong>DCRP</strong></strong></td>
<td>1.5 times base annual salary Employer pays the cost, no employee contribution</td>
</tr>
</tbody>
</table>

**LONG TERM DISABILITY**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>PERS - DISABILITY INSURANCE COVERAGE</strong></strong></td>
<td>Upon completion of 12 months of continuous contributions in PERS. There is a 6 month waiting period. No contribution</td>
</tr>
<tr>
<td><strong><strong>DCRP - LONG TERM DISABILITY</strong></strong></td>
<td>Upon completion of 12 months of continuous contributions in DCRP. There is a 6 month waiting period. No contribution</td>
</tr>
</tbody>
</table>

**ADDITIONALS**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VOLUNTARY TAX SHELTER PROGRAMS</strong></td>
<td>Information may be found in the New Employee Orientation book.</td>
</tr>
<tr>
<td><strong>EDUCATION ASSISTANCE PROGRAM</strong></td>
<td>Eligibility after 1 year of employment and satisfactory annual evaluation. Please see Education Assistance Program Policy for additional information. Reimbursement covers tuition costs and credit by exam</td>
</tr>
</tbody>
</table>

Web Address for State Related Benefit Information is:
[http://www.state.nj.us/treasury/pensions/index.shtml](http://www.state.nj.us/treasury/pensions/index.shtml)
The State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) are required to ensure that only employees, retirees, and eligible dependents are receiving health care coverage under the Programs. The New Jersey Division of Pensions & Benefits (NJDPB) must guarantee consistent application of eligibility requirements within the plans. Employees or retirees who enroll dependents for coverage (spouses, civil union partners, domestic partners, children, disabled and/or overage children continuing coverage) MUST submit the following documentation in addition to the appropriate health benefits enrollment or change of status application. If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. **ANY DEPENDENTS NOT LISTED ON THE APPLICATION WILL NOT BE COVERED.**

<table>
<thead>
<tr>
<th>DEPENDENTS</th>
<th>ELIGIBILITY DEFINITION</th>
<th>DOCUMENTATION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPOUSE</strong></td>
<td>A person to whom you are legally married.</td>
<td>A copy of the marriage certificate and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the spouse. If filing separately, submit a copy of both spouses’ tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 days of the application) that includes the names of both spouses and is received at the same address.</td>
</tr>
<tr>
<td><strong>CIVIL UNION PARTNER</strong></td>
<td>A person of the same sex with whom you have entered into a civil union.</td>
<td>A copy of the marriage certificate and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the partner. If filing separately, submit a copy of both partners’ tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 days of the application) that includes the names of both partners and is received at the same address.</td>
</tr>
<tr>
<td><strong>DOMESTIC PARTNER</strong></td>
<td>A person of the same sex with whom you have entered into a domestic partnership. Under P.L. 2003, c. 246, the Domestic Partnership Act, health benefits coverage is available to domestic partners of State employees, State retirees, or employees or retirees of a SHBP - or SEHBP - participating local public entity that has adopted a resolution to provide Chapter 246 health benefits. A copy of the New Jersey certificate of domestic partnership dated prior to February 19, 2007, or a valid certification from another State or foreign jurisdiction that recognizes same-sex domestic partners and a copy of the front page of the employee/retiree’s N.J. tax return** from last year that includes the partner. If filing separately, submit a copy of both partners’ tax returns that list the same address. If Domestic Partnership occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 days of the application) that includes the names of both partners and is received at the same address.</td>
<td></td>
</tr>
<tr>
<td><strong>CHILDREN</strong></td>
<td>A subscriber’s child until age 26, regardless of the child’s marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents. This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation. Natural or Adopted Child – A copy of the child’s birth certificate showing the name of the employee/retiree as parent. Step Child – A copy of the child’s birth certificate showing the name of the employee/retiree’s spouse or partner as a parent and a copy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner. Legal Guardian, Grandchild, or Foster Child – Copies of final court orders with the presiding judge’s signature and seal. Documents must attest to the legal guardianship by the employee. Documentation for the appropriate “child” type (as noted above) and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the child. If Social Security disability has been awarded, or is currently pending, please include this information with the documentation that is submitted. Please note that this information is only verifying the child’s eligibility as a dependent. The disability status of the child is determined through a separate process.</td>
<td></td>
</tr>
<tr>
<td><strong>DEPENDENT CHILDREN WITH DISABILITIES</strong></td>
<td>If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP/SEHBP; (2) the child continues to be disabled; (3) the child is unmarried or does not enter into a civil union or domestic partnership; and (4) the child remains substantially dependent on you for support and maintenance. You may be contacted periodically to verify that the child remains eligible for coverage. Documentation for the appropriate “child” type (as noted above) and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the child. If Social Security disability has been awarded, or is currently pending, please include this information with the documentation that is submitted. Please note that this information is only verifying the child’s eligibility as a dependent. The disability status of the child is determined through a separate process.</td>
<td></td>
</tr>
<tr>
<td><strong>CONTINUED COVERAGE FOR OVERAGE CHILDREN</strong></td>
<td>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of P.L. 2005, c. 375. This includes a child by blood or law who: (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. Documentation for the appropriate “child” type (as noted above), and a copy of the front page of the child’s federal tax return* (Form 1040) from last year, and if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</td>
<td></td>
</tr>
</tbody>
</table>

*You may black out all financial information and all but the last four digits of any Social Security numbers on tax returns. To obtain copies of the documents listed above, contact the office of the town clerk in the city of the birth, marriage, etc., or visit these websites: www.vitalrec.com or www.studentclearinghouse.org Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration website: www.nj.gov/health/vital/index.shtml
STATE HEALTH BENEFITS PROGRAM (SHBP)

SHBP PARTICIPATING PLANS AND CONTACT INFORMATION

https://www.nj.gov/treasury/pensions/hb-active-contacts.shtml

Medical Plans

Plans available through the State Health Benefits Program:

Tiered Network Plan (Active SHBP Members only): OMNIA Health Plan (Horizon Blue Cross Blue Shield of New Jersey)


HMO Plan: Horizon HMO

High Deductible Health Plans (HDHP): NJ DIRECT HD1500, NJ DIRECT HD4000.

Note: Horizon HMO service area is limited to New Jersey and bordering counties of Delaware, Pennsylvania, and New York;

For more information about any participating plan, follow the link or call the plan's member services number to speak with a plan representative.

NJ DIRECT and Horizon Plans

- Horizon Member Services: 1-800-414-SHBP (1-800-414-7427) or https://www.horizonblue.com/shbp/
- Health Benefits Member Guidebooks https://www.nj.gov/treasury/pensions/member-guidebooks.shtml
  a. NJ DIRECT Member Guidebook
  b. Horizon HMO Member Guidebook
  c. Horizon OMNIA Member Guidebook
  d. NJ DIRECT HDHP Member Guidebook

Pharmacy Benefits

Managed by OptumRx

- OptumRX Website https://www.optumrx.com/oe_sonjactiveee/landing
- Member Services Phone: 1-844-368-8740

Also available:


SUMMARY OF BENEFITS AND COVERAGE

FOR MEMBERS OF THE STATE HEALTH BENEFITS PROGRAM (SHBP)

To view the information listed below, please log onto:

[http://www.state.nj.us/treasury/pensions/hb-sbc-state-active.shtml](http://www.state.nj.us/treasury/pensions/hb-sbc-state-active.shtml)

### HORIZON PLANS

**PPO Plans**

- [NJ DIRECT15](#)
- [NJ DIRECT1525](#)
- [NJ DIRECT2030](#)
- [NJ DIRECT2035](#)
- [NJ DIRECT](#)
- [NJ DIRECT2019](#)

**HMO Plan**

- [Horizon HMO](#)

**Tiered Plan**

- [OMNIA Health](#)

### High Deductible Health Plans

- [NJ DIRECT HD4000](#)
- [NJ DIRECT HD1500](#)

### STATE ACTIVE PRESCRIPTION PLANS

- [State Active Prescription Plan 15](#)
- [State Active Prescription Plan 1525](#)
- [State Active Prescription Plan 2030](#)
- [State Active Prescription Plan 2035](#)

### Prescription Drug Plan Handbook

Information regarding the Prescription Drug Plan, can be found in the Prescription Drug Plans Member Handbook at:

Civil Unions and Domestic Partnerships

Information for:
All Pension Funds and the Health Benefit Programs

P.L. 2003, c. 246 (Chapter 246), the Domestic Partnership Act, established certain rights and responsibilities for same-sex domestic partnerships established in New Jersey prior to February 19, 2007, as well as in jurisdictions other than New Jersey both prior to and after February 19, 2007.

P.L. 2006, c. 103 (Chapter 103), the Civil Union Law, established similar rights and responsibilities for same-sex civil unions established in New Jersey on or after February 19, 2007. Furthermore, same-sex domestic partnerships established in New Jersey on or after February 19, 2007, will not be entitled to those same rights and responsibilities.

The laws extend public pension, State Health Benefits Program (SHBP), and School Employees’ Health Benefits Program (SEHBP) benefits to same-sex civil union/domestic partners of State, local government, and local education employees and retirees.

This fact sheet deals only with the pension and health benefits extended by Chapters 246 and 103. It does not address the broader rights and responsibilities covered by the laws, nor does it cover questions of eligibility for a civil union/domestic partnership since they are outside of the scope of the New Jersey Division of Pensions & Benefits (NJDPB). For the purposes of this fact sheet, “partner” will refer to both domestic partners and civil union partners.

**ELIGIBILITY**

**Civil Unions**
The Civil Union Law applies to any State employee, local government employee, or local education employee, and any retiree of these employers who has entered into a civil union, obtained a New Jersey Civil Union Certificate (or a valid certification from another jurisdiction that recognizes same-sex civil unions) and who is otherwise eligible for pension and/or SHBP/SEHBP benefits.

Note: The enactment of the Civil Union Law extends health and pension benefits to all eligible civil union couples; therefore, there is no additional resolution or approval required by an employer as is required under the Domestic Partnership Act.

A civil union partner is defined for pension and SHBP/SEHBP eligibility as a person of the same sex to whom the eligible employee or retiree has entered into a civil union as recognized under Chapter 103.

**Domestic Partnerships**
The Domestic Partnership Act applies to any State employee or State retiree who has entered a same-sex domestic partnership and obtained a valid Certificate of Domestic Partnership.

**PENSI ON BENEFITS**
The laws add a same-sex partner to the definition of spouse, widow, widower, and eligible same-sex domestic partner to the Public Employees’ Retirement System (PERS), Teachers’ Pension and Annuity Fund (TPAF), Police and Firemen’s Retirement System (PFRS), State Police Retirement System (SPRS), Judicial Retirement System (JRS), and Alternate Benefit Program (ABP), so that the partner is considered the same as a spouse.

Upon the death of a retirement system member, a copy of the valid Civil Union or Domestic Partnership Certificate is required for verification before any pension benefits are paid.

**PERS and TPAF Members**
For the PERS and TPAF, the only benefit added by the laws is for Accidental Death. An eligible partner is eligible to receive a pension benefit if the employee dies through an accident in the performance of his or her duty while at work. This is a lifetime benefit; but, if the surviving spouse/partner subsequently marries or establishes a new civil union, the survivor’s pension benefit will end. However, a survivor’s benefits from an Accidental Death (or Accidental Disability Retirement) going to a partner would be subject to federal tax. This is not the case when a survivor’s benefit is paid to a spouse.*

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* Under the federal Internal Revenue Code (IRC) a civil union partner or domestic partner is not recognized in the same manner as a spouse and therefore does not qualify for similar treatment for federal tax purposes.
Civil Unions and Domestic Partnerships

Regular PERS and TPAF retirements are not impacted since retirees can already name anyone as a joint and survivor beneficiary of their pension benefit. The Internal Revenue Service (IRS) does, however, restrict whom a member can name as a beneficiary under Options 2, A, and B, to either a spouse or to a nonspouse beneficiary within specific age limitations (see the Retirement — PERS and TPAF Pension Options Fact Sheet for details on age limits for nonspouse beneficiaries).*

**PFRS and SPRS Members**

For the PFRS and SPRS, the statutory survivor’s benefit, provided upon the death of the employee or retiree, can be paid to a surviving partner in the same manner as is done for a surviving spouse. This is a lifetime benefit; however, if a surviving spouse/partner receiving a PFRS or SPRS retired survivor’s benefit subsequently marries or establishes a new civil union, the survivor’s pension will end (this does not apply to survivors of PFRS/SPRS Accidental Death in the line of duty or active SPRS survivor benefits).

**JRS Members**

For the JRS, the statutory survivor’s benefit, provided upon the death of the employee or retiree, can be paid to a partner in the same manner as is done for a spouse. This is a lifetime benefit; however, if a surviving spouse/partner receiving a JRS survivor’s benefit subsequently marries or establishes a new civil union, the survivor’s pension will end. If a JRS member wishes to also select a joint and survivor retirement option, the IRS restrictions for Options 2, A, and B mentioned previously under the PERS and TPAF also apply.

**Other Pension Funds**

A partner is recognized under the Alternate Benefit Program (ABP), the Consolidated Police and Firemen’s Pension Fund (CPFPF), the Prison Officers’ Pension Fund, and the Volunteer Emergency-Worker’s Survivors Pension (VESP).

**HEALTH BENEFIT PROGRAM COVERAGE**

Coverage under the SHBP or SEHBP for a partner is available to any State employee, State retiree, or an eligible employee or retiree of a local public entity that participates in the SHBP or SEHBP.

**Enrolling a Partner**

To add a partner to coverage, an SHBP/SEHBP-eligible employee or retiree must submit the appropriate health benefits enrollment application, include a photocopy of the Civil Union Certificate or Certificate of Domestic Partnership with the application. Children of your partner may also be added (see application instructions for details).

**TAXATION OF HEALTH BENEFITS FOR PARTNERS**

The IRC allows an employer to provide certain benefits to its employees on a tax-exempt basis. Those benefits can also be extended to spouses and dependents of an employee on the same tax-exempt basis. The IRC, however, does not recognize a partner in the same manner as a spouse and does not automatically recognize a partner as a dependent for tax purposes. Therefore, your employer may have to treat the civil union/domestic partnership SHBP/SEHBP benefit as taxable to you and withhold federal income, Social Security, and Medicare taxes on its value. This is also true if you are a retiree and are receiving employer- or State-paid health benefits coverage.

If you add a partner to your coverage, you should expect to receive a Form W-2 and have to pay federal income, Medicare, and Social Security taxes on the imputed value of the partner benefit.

Similarly, since the partner’s coverage is a federally taxable benefit, an employee who participates in the State’s TaxSave (IRC Section 125) Premium Option Plan, or another employer’s Section 125 plan, cannot make pre-tax payments for the cost of a partner’s coverage. Pre-tax dollars may still be used to pay for the employee’s portion of the cost of his or her own and dependent children’s coverage (see the “Certifying a Partner’s Dependent Status” section). The partner benefit is not subject to New Jersey State income tax. If you live outside of New Jersey, you should check with your State’s tax agency to determine if the partner benefit is subject to state taxes.

**Determining the Imputed Income**

The SHBP and SEHBP use the cost for single coverage in determining the imputed value of partner coverage. The imputed income for federal tax withholding purposes will be the full cost of single coverage for the plan in which the employee or retiree is enrolled, less any amount the employee/retiree pays towards the cost of the partner’s coverage.

**Certifying a Partner’s Dependent Status**

If a partner can meet the IRS’s definition of a dependent for tax purposes, found in Section 152 of the IRC, the employer does not have to treat the partner coverage as a taxable benefit. The requirements for dependent status are not easily met and are strictly enforced by the IRS. If an employee wants to claim a dependency exemption for a partner, all four of the following dependency tests must be met:

- The member of the household or relationship test;
- The citizen or resident test;
- The joint return test; and
- The support test.

* Under the federal Internal Revenue Code (IRC) a civil union partner or domestic partner is not recognized in the same manner as a spouse and therefore does not qualify for similar treatment for federal tax purposes.

Fact Sheet #75 December 2018
Civil Unions and Domestic Partnerships

See IRS Publication 503 - Child and Dependent Care Expenses for additional information on dependent status for federal tax purposes.

The IRS has stated in private letter rulings that an employer can rely on an employee’s written certification that the dependent meets the IRS tests for dependency. An employee or retiree can provide certification that a partner meets the IRC criteria for a dependent in one of several ways:

- State employees paid through Centralized Payroll can submit the Employee Tax Certification — Civil Union Partner or Domestic Partner Benefit form to certify their partner’s dependent status.
- Employees of other employers should see their employer’s human resources officer or benefits administrator to determine how tax dependent certification should be provided.
- Retirees can submit the Retiree Tax Certification — Civil Union Partner or Domestic Partner Benefit form to certify their partner’s dependent status.

Since an individual’s situation can change, an employee or retiree who files a certification stating that the partner meets the IRS definition of dependent will be required to file a new certification every calendar year to continue that same tax treatment of the benefit.

Employees or retirees may also wish to consult with a professional tax advisor or contact the IRS directly at 1-800-TAX-1040 or online at: www.irs.gov

This fact sheet has been produced and distributed by:

New Jersey Division of Pensions & Benefits
R.O. Box 295, Trenton, NJ 08625-0295
(609) 292-7524
For the hearing impaired: TRS 711 (609) 292-6683
www.nj.gov/treasury/pensions
ELIGIBILITY
The Employee Dental Plans are available to full-time State employees, full-time employees of a local employer (county, municipality, school board, etc.) that elects by resolution to provide the Employee Dental Plans to its employees and the eligible dependents of these employees. The Employee Dental Plans are not available to retirees; for more information on dental plans offered to retirees, see the Dental Plans — Retirees Fact Sheet.

New eligible employees may enroll by completing an Employee Dental Enrollment and/or Change Form during the first 60 days of employment. The application is available from your human resources representative or benefits administrator.

If you do not enroll when first eligible, you have the option to enroll during the annual SHBP/SEHBP Open Enrollment period. Open Enrollment is normally held in the fall, with coverage effective the following January.

If you do not enroll because of other dental coverage and later lose that coverage, you can enroll by submitting a form within 60 days of the loss of coverage.

Once enrolled, you and your eligible dependents must remain in the dental plan you elect for a minimum of 12 months before you can change plans or drop coverage. In the event that you wish to change dental plans, you will not be permitted to do so until the Open Enrollment period following the 12-month period.

Note: Duplicate coverage within any New Jersey State-administered dental plan is not permitted. An individual may be covered as an employee or as a dependent, but not as both an employee and a dependent. Children may only be covered by one parent.

DENTAL PLAN CHOICES
You have a choice between two types of dental plans:
• A Dental Plan Organization (DPO); or
• The Dental Expense Plan.

Dental Plan Organizations (DPOs)
The DPOs are companies that contract with a network of providers for dental services. There are several DPOs participating in the Employee Dental Plans from which you may choose. Participating DPOs are listed in the Employee Dental Plans Member Guidebook, available on the New Jersey Division of Pensions & Benefits (NJDPB) website at: www.nj.gov/treasury/pensions

In order to receive coverage, you must use providers who participate with the DPO that you select. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the SHBP/SEHBP Employee Dental Plans, since DPOs also service other organizations.

When you use a DPO dentist, diagnostic and preventive services are covered in full. Most other eligible expenses require a copayment. See the “Dental Plan Comparison” chart later in this fact sheet. In addition, orthodontic treatment is covered for both children and adults, subject to a copayment.

If your dentist drops out of the DPO, you must select another participating dentist from the DPO. If there are none available within 30 miles of your home, or if you move and your DPO cannot provide a dentist within 30 miles of your home, you may change plans immediately.

Dental Expense Plan
The Dental Expense Plan is a Preferred Provider Organization (PPO) plan administered by Aetna Dental. The plan allows you to choose any licensed dentist for your dental care; however, you will pay less if you use an in-network provider. There is a deductible to satisfy for some services, and some services are eligible only up to a limited amount. The annual plan deductible is $50 per person/$100 per family in-network, and $75 per person/$150 per family out-of-network. The deductible does not apply to diagnostic, preventive, and orthodontic services. After you satisfy the annual deductible, you are reimbursed a percentage of the reasonable and customary charges or PPO-contracted allowance for services that are covered under the plan.

The Dental Expense Plan provides for the following benefits:
• Diagnostic and Preventive Services are paid at
100 percent (in-network) of the PPO-contracted allowance and 90 percent (out-of-network) of the reasonable and customary allowance, with no deductible;

- Basic Services such as fillings and extractions are paid at 80 percent (in-network) of the PPO-contracted allowance and 70 percent (out-of-network) of the reasonable and customary allowance, after deductible;

- Major Restorative Services, such as crowns, are paid at 65 percent (in-network) of the PPO-contracted allowance and 55 percent (out-of-network) of the reasonable and customary allowance, after deductible;

- Prosthodontic Services for new or replacement dentures are covered at 50 percent (in-network) of the PPO-contracted allowance and 40 percent (out-of-network) of the reasonable and customary allowance, after deductible. Repairs to existing dentures are covered at 80 percent (in-network) of the PPO-contracted allowance and 70 percent (out-of-network) of the reasonable and customary allowances, after deductible;

- Periodontics (treatment of gum disease) is covered at 50 percent (in-network) of the PPO-contracted allowance and 40 percent (out-of-network) of the reasonable and customary allowance, after deductible;

- Orthodontics are available after you have been a full-time employee for 10 months (with no deductible), but only for your children under the age of 19. Orthodontic services are reimbursed at 50 percent (in-network) of the PPO-contracted allowance and 40 percent (out-of-network) of the reasonable and customary allowance, and have a separate $1,000 in-network and $750 out-of-network individual lifetime reimbursement benefit maximum; and

- Benefit Maximum per covered individual is $3,000 annually in-network and $2,000 out-of-network for a maximum of $3,000 combined in- and out-of-network. This maximum applies to all eligible services except orthodontic, which has a separate $1,000/$750 individual lifetime benefit maximum.

With the exception of emergency care, if your Dental Expense Plan treatment includes charges that are expected to cost more than $300, it is strongly recommended that your dentist file for predetermination of benefits with Aetna. With advance approval you will know what services are covered and what payments will be made.

When you use an in-network dental provider, you only pay the provider any applicable deductible and the appropriate coinsurance based on the discounted fee, thereby reducing your out-of-pocket cost. In many cases the in-network dental provider will submit the claims directly to Aetna, eliminating the necessity to file claim forms. To find an in-network provider, call Aetna at 1-877-782-8365.

**PREMIUM COSTS**

For employees of the State, the premium cost for dental plan coverage is shared between the State and the employee. The amount of your payroll deduction is available from your human resources representative or benefits administrator. Dental rates are also posted on our website.

State employee premiums can be paid on a pre-tax basis through participation in the Premium Option Plan (POP) of Tax$ave, a benefit program available under Section 125 of the federal Internal Revenue Code (IRC). Participation in the POP is automatic unless you file a form declining participation. The Internal Revenue Service (IRS) strictly regulates enrollment in the POP and prohibits any benefit changes outside of an Open Enrollment period or unless a qualifying life event occurs (e.g., loss of other coverage, marriage, divorce, etc.). The Tax$ave Fact Sheet explains the POP in more detail.

For employees of a participating local employer, the premium cost for dental plan coverage will vary based upon the policies of that employer, with regard to health benefit costs and any labor agreements between the employer and the unions representing the employee. Employees of a participating local employer should see their human resources representative or benefits administrator for more information.

**CHOOSING A DENTAL PLAN**

Your choice of a dental plan is a personal decision. In deciding whether to enroll and which plan to choose, you should consider:

- The nature and amount of your anticipated dental expenses for the next year;
- The covered services provided by the Dental Expense Plan or a DPO;
- The differences in out-of-pocket costs for each type of plan; and
- The degree of flexibility that you may want in selecting a dentist.

You can use the “Dental Plan Comparison” chart later in this fact sheet to compare benefit levels under each type of dental plan. If you choose a DPO, you must select a dentist who participates with that particular DPO and who can accept you and your dependents as patients.

The following chart provides a summary description of a variety of dental services under the two types of dental plans offered by the Employee Dental Plans. The chart is not complete and does not describe all the benefits, limitations, or conditions associated with coverage under either type of plan. Please refer to the Employee Dental Plans Member Guidebook for additional details.
# Dental Plans — Active Employees

This fact sheet is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.

## DENTAL PLAN COMPARISON

<table>
<thead>
<tr>
<th></th>
<th>DENTAL EXPENSE PLAN</th>
<th>DENTAL PLAN ORGANIZATION (DPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IN-NETWORK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OUT-OF-NETWORK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$50 per person per calendar year/ $100 per family; None for diagnostic, preventive, and orthodontic services</td>
<td>$75 per person per calendar year/ $150 per family; None for diagnostic, preventive, and orthodontic services</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Plan pays: 100% Diagnostic and Preventive; 80% Basic Restorative; 65% Major Restorative; 50% Periodontics and Prosthodontics*</td>
<td>Plan pays: 90% Diagnostic and Preventive; 70% Basic Restorative; 55% Major Restorative; 40% Periodontics and Prosthodontics*</td>
</tr>
<tr>
<td><strong>Copayments</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Benefits Maximum</strong></td>
<td>$3,000 (Maximum of $3,000 combined in- and out-of-network) per member annually (excluding orthodontics); $1,000 (lifetime) per child for orthodontics</td>
<td>$2,000 (Maximum of $3,000 combined in- and out-of-network) per member annually (excluding orthodontics); $750 (lifetime) per child for orthodontics</td>
</tr>
<tr>
<td><strong>Provider Limitations</strong></td>
<td>Must use participating dentist</td>
<td>Any licensed dentist</td>
</tr>
<tr>
<td><strong>Selected Services</strong></td>
<td>Some services listed below may be covered subject to deductibles and coinsurance as shown above</td>
<td>Some services listed below may be covered subject to deductibles and coinsurance as shown above</td>
</tr>
<tr>
<td><strong>Examinations</strong></td>
<td>Oral evaluations limited to twice per calendar year; Plan pays 100%*</td>
<td>Oral evaluations limited to twice per calendar year; Plan pays 90%*</td>
</tr>
<tr>
<td><strong>X-Rays</strong></td>
<td>Covered subject to limitations; Plan pays 100%*</td>
<td>Covered subject to limitations; Plan pays 90%*</td>
</tr>
<tr>
<td><strong>Cleanings (Oral Prophylaxis)</strong></td>
<td>Two cleanings per calendar year; Plan pays 100%*</td>
<td>Two cleanings per calendar year; Plan pays 90%*</td>
</tr>
<tr>
<td><strong>Fluoride Applications</strong></td>
<td>Covered only for children under age 19; Twice per calendar year; Plan pays 100%*</td>
<td>Covered only for children under age 19; Twice per calendar year; Plan pays 90%*</td>
</tr>
</tbody>
</table>

* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.
## Dental Plans — Active Employees

<table>
<thead>
<tr>
<th>Service</th>
<th>DENTAL EXPENSE PLAN</th>
<th>DENTAL PLAN ORGANIZATION (DPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth Sealants</td>
<td>Covered for children under age 19 (with restrictions); Plan pays 100%*</td>
<td>Covered for children under age 19 (with restrictions); Plan pays 90%*; Covered only for children under age 19; No copayment (limitations apply)</td>
</tr>
<tr>
<td>Routine Fillings</td>
<td>Plan pays 80%*</td>
<td>Plan pays 70%*</td>
</tr>
<tr>
<td>Simple Extraction</td>
<td>Plan pays 80%*</td>
<td>Plan pays 70%*</td>
</tr>
<tr>
<td>Crowns</td>
<td>Plan pays 65%*</td>
<td>Plan pays 55%*</td>
</tr>
<tr>
<td>Root Canal (Endodontics)</td>
<td>Plan pays 80%*</td>
<td>Plan pays 70%*</td>
</tr>
<tr>
<td>Dentures</td>
<td>Repair of existing dentures covered at 80%<em>; New or replacement dentures covered at 50%</em></td>
<td>Repair of existing dentures covered at 70%<em>; New or replacement dentures covered at 40%</em></td>
</tr>
<tr>
<td>Oral Surgery for Removal of Impacted Tooth</td>
<td>Plan pays 80%;* May be covered under the medical plan first, then dental will consider</td>
<td>Plan pays 70%;* May be covered under the medical plan first, then dental will consider</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Plan pays 50% (with limitations)</td>
<td>Plan pays 40% (with limitations)</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>After you have been an employee for 10 months, eligible services covered at a 50% coinsurance level, up to a $1,000 lifetime maximum per child; Covered only for those who start treatment before age 19 (See Employee Dental Plans Member Guidebook for specifics)</td>
<td>After you have been an employee for 10 months, eligible services covered at a 40% coinsurance level, up to a $750 lifetime maximum (maximum of $1,000 combined in- and out-of-network) per child; Covered only for those who start treatment before age 19 (See Employee Dental Plans Member Guidebook for specifics)</td>
</tr>
</tbody>
</table>

* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.

** See the Employee Dental Plans Member Guidebook for DPO copayment amounts.
## Employee Group Dental Plans

[https://www.state.nj.us/treasury/pensions/dental-plans.shtml](https://www.state.nj.us/treasury/pensions/dental-plans.shtml)

<table>
<thead>
<tr>
<th>PLAN NUMBER</th>
<th>PLAN NAME</th>
<th>WEB ADDRESS AND MEMBERSHIP SERVICES PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>305</td>
<td>Cigna Dental Health, Inc.</td>
<td><a href="https://www.cigna.com/sites/stateofnjdentals">www.cigna.com/sites/stateofnjdentals</a> 1-800-564-7642</td>
</tr>
<tr>
<td>307</td>
<td>Healthplex (International Health Care Services)</td>
<td><a href="https://www.healthplex.com">www.healthplex.com</a> 1-800-468-0600</td>
</tr>
<tr>
<td>317</td>
<td>Horizon Dental Choice</td>
<td><a href="https://www.horizonblue.com">www.horizonblue.com</a> 1-800-433-6825</td>
</tr>
<tr>
<td>319</td>
<td>Aetna DPO</td>
<td><a href="https://www.aetna.com/statenj">www.aetna.com/statenj</a> 1-800-843-3661</td>
</tr>
<tr>
<td>320</td>
<td>MetLife*</td>
<td><a href="https://www.metlife.com/dental">www.metlife.com/dental</a> 1-866-880-2984</td>
</tr>
<tr>
<td>399</td>
<td>Dental Expense Plan (PPO Administered by Aetna)</td>
<td><a href="https://www.aetna.com/statenj">www.aetna.com/statenj</a> 1-877-782-8365</td>
</tr>
</tbody>
</table>

* When searching for a MetLife dental provider on their Web site, select ‘Dental HMO/Managed Care’ as the Network Type and NJ SHBP/SEHBP Actives.

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**Employee Dental Plans Member Handbook**

Additional coverage information may be found in the Employee Dental Plans Member Handbook at: [https://www.state.nj.us/treasury/pensions/documents/guidebooks/hd0379.pdf](https://www.state.nj.us/treasury/pensions/documents/guidebooks/hd0379.pdf)
Public Employees’ Retirement System (PERS)

Eligibility Criteria

Membership in the retirement system is generally required as a condition of employment. You are required to enroll in the PERS if:

- You are employed on a regular basis in a position covered by Social Security; and
- You are scheduled to work at least 35 hours per week and
- You are not required to be a member of any other State or local government retirement system on the basis of the same position; or if:
- You are receiving a monthly retirement allowance from the PERS, you are scheduled to work more than the minimum number of hours per week required for PERS enrollment, and you earn more than $15,000 annually. Please consult with your Benefits Services Associate as to how this will affect your retirement.

Member Contribution Rate

Chapter 78, P.L. 2011, the Pension and Health Benefit Reform Law, increased the PERS contribution rate. The most recent increase was July 2013 which brought the contributions up to 6.78%. Subsequent increases will then be phased in over 7 years (each July 1st) to bring the total pension contribution rate to 7.5% of base salary as of July 1, 2018.

Pensionable Salary

Your contribution rate is applied to your base salary to determine pension deductions. Base salary does not include overtime, bonuses, or shift differential. Pension contributions are deducted from your salary each payday and reported to the PERS by your employer.

The PERS contribution rate for members is applied to the pensionable salary up to a compensation limit based on the annual maximum wage for Social Security deductions. Members who earn in excess of the annual compensation limit will be enrolled in the Defined Contribution Retirement Program (DCRP) in addition to the PERS unless a waiver is completed. Please see Fact Sheet #82 Defined Contribution Retirement Program (DCRP) If Ineligible for PERS, for additional information.

Designating a Beneficiary

Once the member receives a copy of the Certificate of Payroll Deductions the members can register for the Member Benefits Online System (MBOS) and complete the Designation of Beneficiary online. Your PERS membership number is required and is listed on the Certificate of Payroll Deductions.

Members may access account information through the Member Benefits Online System (MBOS) https://www.nj.gov/treasury/pensions/mbos-kit.shtml
Information for new employees transferring an active PERS account:

An Intrafund Transfer is the transfer of a pension account from one employer to another employer within the same New Jersey State-administered retirement system.

To be eligible for an Intrafund Transfer:
- The member must have not withdrawn from the retirement system; and
- It must be less than two consecutive years since the last pension contribution; and
- The member must meet all of the eligibility requirements for retirement system membership with the new employer.
- A Report of Transfer form must be completed and submitted to the HR Benefits Services Associate.

For information regarding your PERS membership please visit:

- Division of Pensions and Benefits PERS website  
  https://www.nj.gov/treasury/pensions/pension-active-pers.shtml

- PERS Member Handbook  
The Defined Contribution Retirement Program (DCRP) was established July 1, 2007, under the provisions of N.J.S.A. 43:15C-1 et seq. The DCRP provides eligible members with a tax-sheltered, defined contribution retirement benefit, along with life insurance and long-term disability coverage.

**ELIGIBILITY**

This fact sheet addresses DCRP membership for employees who do not earn the minimum salary or work the minimum hours required for enrollment in the Public Employees’ Retirement System (PERS) or Teachers’ Pension and Annuity Fund (TPAF). Employees who are already enrolled in a New Jersey State-administered retirement system should refer to the Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits Fact Sheet. Elected and appointed officials should refer to the Defined Contribution Retirement Program (DCRP) for Elected and Appointed Officials Fact Sheet. These fact sheets are available on our website at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)

Employees hired on or after November 2, 2008, and on or before May 21, 2010, must earn a minimum base salary of $8,400* or more per year to be eligible for enrollment in Tier 3 of the PERS or TPAF.

Any employee otherwise eligible to enroll in Tier 3 of the PERS or TPAF who does not earn the required minimum annual salary, but earns a minimum base salary of $5,000 or more, must be enrolled in the DCRP.

Employees enrolled after May 21, 2010, must work a minimum of 35 hours per week if a State employee, or 32 hours per week if a local government or local education employee, to be eligible for enrollment in Tier 4 or Tier 5 of the PERS or TPAF.

Any employee otherwise eligible to enroll in Tier 4 or Tier 5 of the PERS or TPAF who does not work the required minimum hours, but earns a minimum annual base salary of $5,000 or more, must be enrolled in the DCRP.

**ENROLLMENT**

The employer is responsible for enrolling a DCRP-eligible employee as of the starting date of employment — by using the DCRP Enrollment Application available on the Employer Pensions and Benefits Information Connection (EPIC), available on our website.

Enrollment is required for eligible employees. There is no option for waiver of DCRP enrollment for these individuals.

When enrolled in the DCRP, members contribute 5.5 percent of the base salary to a tax-deferred investment account established with Prudential, which jointly administers the DCRP investments with the New Jersey Division of Pensions & Benefits (NJDPB). Member contributions are matched by a three percent employer contribution.

Contributions are required from the date of DCRP eligibility. If any back deductions are owed, employers must schedule and remit them to the DCRP.

If Eligible Later for the PERS or TPAF

If an employee enrolled in the DCRP earns sufficient salary or works sufficient hours at a later date to qualify for enrollment in the PERS or TPAF, the employee will be enrolled in the PERS or TPAF.

Upon becoming a PERS or TPAF member, contributions to the DCRP will cease; however, prior contributions remain invested in the DCRP pending retirement or termination of employment.

Contributions to the DCRP cannot be transferred to the PERS or TPAF, and service credit as a DCRP member cannot be purchased as PERS or TPAF service credit.

A PERS or TPAF employee may once again become eligible for the DCRP if:

- The annual salary falls below the minimum salary required for PERS or TPAF Tier 3 membership; deductions will cease and the member will contribute to the DCRP plan;

*The Tier 3 minimum base salary is subject to adjustment annually in accordance with changes in the Consumer Price Index.*

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March 2019

Fact Sheet #82
Defined Contribution Retirement Program (DCRP) if Ineligible for PERS or TPAF Enrollment

- The number of work hours falls below the minimum hours per week required for PERS or TPAF Tier 4 or Tier 5 membership; deductions will cease and the member will contribute to the DCRP plan;
- The annual salary is in excess of the maximum compensation limit (members enrolled in the PERS or TPAF on or after July 1, 2007) — see the Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits Fact Sheet; or
- The employee becomes a State or local elected or appointed official — see the Defined Contribution Retirement Program (DCRP) for Elected and Appointed Officials Fact Sheet.

Transfer of PERS or TPAF Membership

Employees who are PERS or TPAF members and transfer to another PERS or TPAF position are subject to the minimum salary or minimum hours of their existing PERS or TPAF membership tier if any of the following situations apply:

- The member transfers to a PERS- or TPAF-eligible position without a break in service;
- Any break in service is 24 consecutive months or less from the last date of the last PERS or TPAF pension contribution, and the account has not been withdrawn;
- Any break in service is 24 consecutive months or less from the end of an approved leave of absence; or
- The member’s job is lost through no fault of his/her own (laid off or position is abolished — not terminated voluntarily or for cause) and he/she returns to PERS or TPAF employment within 10 years of the termination date.

If a member transfers into the PERS or TPAF after a break in service that falls beyond the exceptions described above, the member will be subject to the Tier 4 or Tier 5 minimum hours requirement,* regardless of the previous membership tier status.

If the work hours fall below the Tier 4 or Tier 5 minimum requirement, the employee will be ineligible for transfer into the PERS or TPAF but will be eligible for DCRP enrollment if the annual salary is at least $5,000.

PERS and TPAF Maximum Wage

In addition, Tier 2, Tier 3, Tier 4, and Tier 5 members are subject to a maximum wage limit for PERS or TPAF pension contributions. The maximum wage limit for 2019 is $132,900 and is subject to annual adjustment. Members who earn in excess of the annual maximum wage will be enrolled in the DCRP in addition to the PERS or TPAF. See the Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits Fact Sheet for more information.

Vesting

Employer contributions are not vested in a DCRP member’s account until after the member commences the second year of employment, unless at the time of initial employment the member either 1) participates in a program substantially similar to the DCRP program, or 2) is a member of another New Jersey State-administered retirement system.

As a vested member, you have a right to a benefit at retirement based on both the employee and employer contributions to the DCRP.

WITHDRAWAL

Withdrawal occurs when a non-vested DCRP member separates from covered employment and submits a request to Prudential for a withdrawal of contributions. Only the member’s contributions are available for withdrawal — employer contributions are forfeited. After a withdrawal, the individual is eligible for reenrollment in the DCRP or enrollment in another New Jersey State-administered retirement system, upon return to covered employment.

RETIEMENT

Retirement occurs when a vested DCRP member separates from covered employment and elects to receive a distribution of funds containing both employer and employee contributions plus interest. This action deems the former participant as retired and, therefore, ineligible to re-enroll in the DCRP or participate in any other New Jersey State-administered retirement system.

An ABP/DCRP Withdrawal Request Acknowledgment Receipt must be completed in order to receive funds. This form is available in the “Publications” section of our website.

Applying For Retirement

Six months before retirement, a member should contact the employer and Prudential for information regarding DCRP benefits and options.

A DCRP member may elect to receive all or a portion of his/her account in a lump-sum distribution, or in a variety of periodic payment methods. Please contact your administrative services provider for more information. All returns of contributions and earnings are considered taxable in the year they are received; therefore, the type of payout plan should be considered carefully prior to retirement.

There is no minimum retirement age under the DCRP. The member will automatically be considered retired, regardless of age, if there is any distribution of vested contributions.

*Tier 4 or Tier 5 members must work a minimum of 35 hours per week if a State employee, or 32 hours per week if a local government or local education employee.
A member may take a distribution at any time after termination of employment; however, if you return to public employment in New Jersey, you cannot participate in any New Jersey State-administered retirement system. DCRP members considering future employment in a position covered by any of the New Jersey State-administered retirement systems should carefully consider this impact before requesting a distribution.

Health Benefits at Retirement
It is important to note that service time from enrollment in the DCRP cannot be used to qualify for State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) coverage at retirement. Please contact your employer's human resources office or benefits administrator to ask about health benefit coverage options available in retirement.

LIFE INSURANCE COVERAGE
While employed, a DCRP member is covered by employer-paid life insurance, payable to designated beneficiaries in the amount of 1.5 times the annual base salary on which DCRP contributions were based. This coverage is available without a medical examination to members under age 60. Newly enrolled members 60 years of age or older must undergo a medical examination to qualify.

DCRP members will continue to be insured for up to two years if on an approved leave of absence without pay for personal illness.

Note: The Internal Revenue Service (IRS) classifies all life insurance coverage over $50,000 as a fringe benefit subject to taxation. While the amount of the life insurance coverage is not taxable, the premium required to pay for the life insurance coverage is taxable. Members can elect to waive insurance coverage over $50,000 at any time.

Upon retirement, life insurance under the DCRP reduces to 3/16 of the annual base salary on which DCRP contributions were based.

This life insurance coverage is available in retirement only to:

- Members age 60 or older if the member has completed 10 years of participation in the DCRP; or
- Members of any age if the member has completed 25 years of participation in the DCRP.

The member also must have been an active employee in the 12 months immediately preceding the initial receipt of a retirement annuity payment.

Conversion
Other than the retired insurance benefit previously described, life insurance coverage under the DCRP ceases 31 days after termination of employment. During the 31-day period following termination of employment, a member may convert existing group life insurance coverage (less any amount of coverage carried over into retirement) into an individual policy, without medical examination. For more information, see the Conversion of Group Life Insurance Fact Sheet.

LONG-TERM DISABILITY COVERAGE
A member is eligible for employer-paid long-term disability insurance coverage after one year of participation in the DCRP.

The member becomes eligible for the long-term disability benefit after six consecutive months of total disability due to an occupational or non-occupational condition.

To be considered totally disabled due to sickness or accidental bodily injury, the member must be unable to perform any and every duty pertaining to his/her occupation. The member need not be confined to home, but must be under a doctor's regular care.

If a member is totally disabled, he/she is eligible to receive a regular monthly income benefit up to 60 percent of the base salary on which DCRP contributions were based during the 12 months preceding the onset of the disability. While disabled, the member's and the employer's mandatory contributions are automatically credited to the member's retirement account.

The monthly income benefit is offset by any other periodic benefit the member may be receiving, such as Workers' Compensation, short-term disability, or Social Security.

Eighteen months after the onset of long-term disability eligibility, the member must be unable to engage in any gainful occupation for which he/she is reasonably suited by education, training, or experience. Total disability is not considered to exist if the member is gainfully employed, incarcerated, or if the disability resulted from an act of war or was intentionally self-inflicted.

Long-term disability benefits will be paid as long as the member remains disabled or until the member attains age 70. Should the member begin receiving payments under the retirement annuity, these benefits terminate.

CONTACTING THE DCRP
For more information regarding the DCRP, please visit Prudential’s DCRP website at: www.prudential.com/njdcrp or call toll-free 1-855-657-5267.

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
The Defined Contribution Retirement Program (DCRP) was established July 1, 2007, under the provisions of N.J.S.A. 43:15C-1 et seq. The DCRP provides eligible members with a tax-sheltered, defined contribution retirement benefit, along with life insurance and long-term disability coverage.

ELIGIBILITY
This fact sheet addresses DCRP membership for employees already enrolled in the Public Employees’ Retirement System (PERS), Teachers’ Pension and Annuity Fund (TPAF), Police and Firemen’s Retirement System (PFRS), or State Police Retirement System (SPRS) whose salary exceeds the maximum pensionable compensation limit. The Defined Contribution Retirement Program (DCRP) if Ineligible for PERS or TPAF Enrollment and the Defined Contribution Retirement Program (DCRP) for Elected and Appointed Officials Fact Sheets are also available on our website at: www.nj.gov/treasury/pensions.

Employees enrolled in the PERS or TPAF on or after July 1, 2007, or enrolled in the PFRS or SPRS after May 21, 2010, are subject to a maximum compensation limit for pension contributions. The maximum compensation is based on the annual maximum wage for Social Security (see chart) and is subject to change at the start of each calendar year.

Therefore, an eligible employee who earns in excess of the annual maximum wage will be enrolled in the DCRP in addition to the PERS, TPAF, PFRS, or SPRS (as appropriate).

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAXIMUM WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>$102,000</td>
</tr>
<tr>
<td>2012</td>
<td>$110,100</td>
</tr>
<tr>
<td>2013</td>
<td>$113,700</td>
</tr>
<tr>
<td>2014</td>
<td>$117,000</td>
</tr>
<tr>
<td>2015 and 2016</td>
<td>$118,500</td>
</tr>
<tr>
<td>2017</td>
<td>$127,200</td>
</tr>
<tr>
<td>2018</td>
<td>$128,400</td>
</tr>
<tr>
<td>2019</td>
<td>$132,900</td>
</tr>
<tr>
<td>2020</td>
<td>$137,700</td>
</tr>
</tbody>
</table>

Employees who participate in the DCRP will receive service credit in their retirement system account and will be eligible to retire under the rules of the retirement system. The final salary or final compensation at retirement will be limited to the maximum compensation amounts in effect when the salary was earned.

Employees who participate in the DCRP because their salary exceeds the maximum pensionable compensation limit will receive additional income above their pension amount, which is based on the amount invested in the DCRP.

Optional Waiver
A PERS, TPAF, PFRS, or SPRS member who is also eligible for the DCRP due to the maximum compensation limit can choose to voluntarily waive participation in the DCRP by submitting a DCRP Waiver of Retirement Program Participation form to the New Jersey Division of Pensions & Benefits (NJDPB).

If a member waives DCRP participation and later wishes to participate, he or she can apply for DCRP enrollment, with membership to be effective January 1 of the following calendar year.

ENROLLMENT
Eligible members are enrolled in the DCRP when the annual salary exceeds the maximum compensation limit. This may occur either:

- Upon enrollment into the PERS, TPAF, PFRS, or SPRS when an annual base salary is reported on the Enrollment Application that exceeds the maximum compensation; or
- When an eligible member’s annual salary is increased to a level that exceeds the maximum compensation and it is reported by the employer to the NJDPB (either by directly contacting the NJDPB, or when submitted by the employer on the Quarterly Report of Contributions).

When enrolled in the DCRP, members contribute 5.5 percent of the base salary in excess of the maximum compensation limit to a tax-deferred investment account established with Prudential, which jointly ad-
ministers the DCRP investments with the NJDPB. Member contributions are matched by a three percent employer contribution based on the salary in excess of the maximum compensation limit.

It is important that an employer enroll a DCRP-eligible member as soon as it is known that the employee’s annual salary will exceed the maximum compensation so the DCRP account can be established in advance of collection of any required contributions. Contributions are required from the date of DCRP eligibility. If any back deductions are owed, employers must schedule and remit them to the DCRP.

**Transfers**

Employees who transfer employment will not be subject to maximum compensation limits or DCRP enrollment if:

- The transferring employee was a member of the PERS or TPAP on or before June 30, 2007; or
- The transferring employee was a member of the PFRS or SPRS on or before May 21, 2010; and
  - If the member is transferring to an eligible position without a break in service; or
  - If any break in service is 24 months or less from the date of the last contribution to the retirement system and the member’s account has not been withdrawn; or
  - If any break in service is 24 months or less from the end of an approved leave of absence.

If a member transfers after a break in service that falls beyond the 24-month exceptions described above, the member will be subject to the maximum compensation rules and DCRP enrollment.

**Vesting**

A PERS, TPAP, PFRS, SPRS, or Alternate Benefits Program (ABP) member who becomes eligible and is enrolled in the DCRP is immediately vested in the DCRP. As a vested member, you have a right to a benefit at retirement based on both the employee and employer contributions to the DCRP.

**WITHDRAWAL**

Withdrawal occurs when a DCRP member separates from covered employment and submits a request to Prudential for a withdrawal of contributions. Only the member’s contributions are available for withdrawal — employer contributions are forfeited. After a withdrawal, the individual is eligible for re-enrollment in the DCRP or enrollment in another New Jersey State-administered retirement system upon return to covered employment.

**RETIREMENT**

Retirement occurs when a DCRP member separates from covered employment and elects to receive a distribution of funds containing both employer and employee contributions plus interest. This action deems the former participant as retired and, therefore, ineligible to re-enroll in the DCRP or participate in any other New Jersey State-administered retirement system.

An ABP/DCRP Withdrawal Request Acknowledgment Receipt must be completed in order to receive funds. This form is available in the “Publications” section of our website.

**Applying for Retirement**

Six months before retirement, a member should contact his/her employer and Prudential for information regarding DCRP benefits and options.

A DCRP member may elect to receive all or a portion of his/her account in a lump-sum distribution, or in a variety of periodic payment methods. Please contact your administrative services provider for more information. All returns of contributions and earnings are considered taxable in the year they are received; therefore, the type of payout plan should be considered carefully prior to retirement.

There is no minimum retirement age under the DCRP. The member will automatically be considered retired, regardless of age, if there is any distribution of vested contributions.

A member may take a distribution at any time after termination of employment; however, if you return to public employment in New Jersey, you cannot participate in any New Jersey State-administered retirement system. DCRP members considering future employment in a position covered by any of the New Jersey State-administered retirement systems should carefully consider this impact before requesting a distribution.

**Health Benefits at Retirement**

Please note that service time from enrollment in the DCRP cannot be used to qualify for State Health Benefits Program (SHBP) or School Employees’ Health Benefits Program (SEHBP) coverage at retirement; however, retirement system members who also participate in the DCRP through earnings in excess of the maximum wage will continue to earn credit toward SHBP/SEHBP coverage through their retirement system service.

Please contact your employer’s human resources office or benefits administrator to ask about health benefit coverage options available in retirement.
Defined Contribution Retirement Program (DCRP)
Enrollment Due to Maximum Compensation Limits

This fact sheet is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.

LIFE INSURANCE COVERAGE
While employed, PERS, TPAF, PFRS, or SPRS members enrolled in the DCRP are covered by employer-paid life insurance, payable to their designated beneficiaries in the amount of of 1.5 times the annual base salary on which DCRP contributions are based. This coverage is available without a medical examination to members under age 60. Newly enrolled members 60 years of age or older must undergo a medical examination to qualify.

DCRP members will continue to be insured for up to two years if on an approved leave of absence without pay for personal illness.

Note: The Internal Revenue Service (IRS) classifies all life insurance coverage over $50,000 as a fringe benefit subject to taxation. While the amount of the life insurance coverage is not taxable, the premium required to pay for the life insurance coverage is taxable. Members can elect to waive insurance coverage over $50,000 at any time.

Upon retirement, life insurance under the DCRP is reduced to 3/16 of the annual base salary on which DCRP contributions were based.

This life insurance coverage is available in retirement only to:

- PERS, TPAF, PFRS, or SPRS members enrolled in the DCRP who are age 60 or older if the member has completed 10 years of participation in the DCRP, PERS, TPAF, PFRS, or SPRS; or
- PERS, TPAF, PFRS, or SPRS members enrolled in the DCRP who are any age if the member has completed 25 years of participation in the DCRP, PERS, TPAF, PFRS, or SPRS.

The member also must have been an active employee in the 12 months immediately preceding the initial receipt of a retirement annuity payment.

LONG-TERM DISABILITY COVERAGE
A member is eligible for employer-paid long-term disability insurance coverage after one year of participation in the DCRP.

The member becomes eligible for the long-term disability benefits after six consecutive months of total disability due to an occupational or nonoccupational condition.

To be considered totally disabled due to sickness or accidental bodily injury, the member must be unable to perform any and every duty pertaining to his/her occupation. The member need not be confined to home, but must be under a doctor's regular care.

If a member is totally disabled, he/she is eligible to receive a regular monthly income benefit up to 60 percent of the base salary on which DCRP contributions were based during the 12 months preceding the onset of the disability. While disabled, the member's and the employer's mandatory contributions are automatically credited to the member's retirement account.

The monthly income benefit is offset by any other periodic benefit the member may be receiving, such as Workers' Compensation, short-term disability, or Social Security.

Eighteen months after the onset of long-term disability eligibility, the member must be unable to engage in any gainful occupation for which he/she is reasonably suited by education, training, or experience. Total disability is not considered to exist if the member is gainfully employed, incarcerated, or if the disability resulted from an act of war or was intentionally self-inflicted.

Long-term disability benefits will be paid as long as the member remains disabled or until the member attains age 70. Should the member begin receiving payments under the retirement annuity, these benefits terminate.

CONTACTING THE DCRP
For more information regarding the DCRP, please visit Prudential's DCRP website at: www.prudential.com/njdcrp or call toll-free 1-888-653-2771.

This fact sheet has been produced and distributed by:
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January 2020
Fact Sheet #79
Deferred Compensation — NJSEDCP

OVERVIEW
The New Jersey State Employees Deferred Compensation Plan (NJSEDCP) provides you, as an eligible State employee, an opportunity to voluntarily shelter a portion of your wages from federal income taxes while saving for retirement to supplement your Social Security and pension benefits. Under the Plan, federal income tax is not due on deferred amounts or accumulated earnings until you receive a distribution (payment) from your account. Presumably, distribution is at retirement when your tax rate is expected to be lower.

PLAN ADMINISTRATION
The NJSEDCP, governed by the guidelines of Internal Revenue Code (IRC) Section 457 and the laws of the State of New Jersey, is administered by Prudential Financial for the State of New Jersey. Individual participant’s accounts are maintained by the Administrator and statements of account are furnished quarterly. All Plan expenses are borne by the participants, and notification of administrative fees is provided at enrollment. The Deferred Compensation Board is the final authority on all matters concerning the operation of the Plan; by law, the State Investment Council has the right to supervise certain aspects of the Plan including the investment of assets.

ELIGIBILITY FOR ENROLLMENT
To enroll in the NJSEDCP, you must be employed by the State of New Jersey or an eligible agency, authority, commission, or instrumentality of State government.
If you are employed through a county, township, or municipality, and not paid directly by the State of New Jersey or one of its agencies, you are not eligible for the NJSEDCP.

How To Enroll
You can obtain an enrollment package from your human resources office or benefits administrator, or enroll by contacting Prudential Retirements directly at 1-866-NJSEDCP (1-866-657-3327); a TDD line is also available at 1-877-760-5166. You can also enroll through Prudential Financial’s website: www.prudential.com/njsedcp
Upon enrollment, you agree that your deferrals and any earnings become and remain State property, with the understanding that all amounts due will be held in trust for you and your beneficiaries and will be paid to you following severance of employment.
You may defer between one and 100 percent of your available salary after mandatory deductions (minus your tax-sheltered pension or other voluntary tax-sheltered contributions) with an annual dollar maximum in 2020 of $19,500 ($26,000 for individuals age 50 and older). You then choose how you want to invest among the 20 investment funds now offered through Prudential Financial.

MANAGING YOUR INVESTMENTS
As a participant in the NJSEDCP, you have the ability to make changes on your account such as increase, decrease, suspend, or resume deferral percentages. You may also change your investment elections to any of the 20 pre-approved products offered under Prudential.

DISTRIBUTION OF YOUR MONEY FROM THE PLAN
Your NJSEDCP account may be distributed following severance of employment due to termination, retirement, or disability. Distribution is also permitted in the case of an unforeseeable financial hardship, as defined under IRC Section 457, following approval by the NJSEDCP Board. In-service distributions are permitted on smaller, inactive accounts.
If your account balance is less than $5,000 at the time of distribution as a result of severance of employment, you must take a lump-sum payment.
If your account balance is $5,000 or more, you may elect:
1. A one-time lump-sum payment;
2. A portion of your account in a specific dollar amount; or
3. Periodic installment payments.
Upon severance of employment, you may begin your account distribution as soon as administratively feasible, you may elect a future distribution date, or you may do nothing. However, you must begin receiving distribution no later than April 1 of the year following your attainment of age age 70 1/2 (if born before July 1, 1949) or age 72 (if born on or after July 1, 1949), or the year of employment termination, whichever is later. For daily valued funds, your account will be valued at the close of the day prior to your distribution date. For monthly valued funds, your account will be valued at the close of the month prior to your election for payment. A Distribution Election form must be completed and returned to the Plan office.

**Tax Consequences**
The NJSEDCP is an eligible deferred compensation plan under IRC Section 457. Distributions from the Plan may be eligible for rollover; however, they do not qualify for special five-year or 10-year averaging. Distributions are defined as pension payments and are subject to federal income tax, unless rolled over to another retirement plan.

**If You Die Before Distribution Is Complete**
At the time of your death, your executor, beneficiary, or a family member should contact Prudential Financial at 1-866-NJSEDCP. Your beneficiary will be notified of the options for account distribution. Beneficiaries have the same distribution options available to members who terminate employment; however, the maximum period for periodic installment payments to non-spousal beneficiaries cannot exceed five years. Beneficiaries receiving distributions are subject to the same tax consequences as the original member.
TAX$AVE ELIGIBILITY

Tax$ave, a benefit program available under Section 125 of the federal Internal Revenue Code (IRC), allows eligible employees of the State of New Jersey to set aside before-tax dollars to pay for certain medical, dental, and dependent care expenses, thereby avoiding federal taxes and saving money.

An eligible employee is any full-time employee of the State, or a State college or university, who is eligible to participate in the State Health Benefits Program (SHBP). Tax$ave is only available to State employees.

Section 125 Plans for Local Employees

P.L. 2011, c. 78 (Chapter 78), requires local government and local education employers to offer Section 125 plans to their employees.

Local employers must establish their own Section 125 programs.

Local government and local education employees should contact their human resources office or benefits administrator to determine the specific plans and benefits that are available.

TAX$AVE COMPONENT PLANS

Tax$ave consists of three separate component plans. An eligible employee may elect to participate in any combination — all, some, or none of the plans.

The three components of Tax$ave are:

• The Premium Option Plan (POP) allows an employee to pay any SHBP medical and/or dental payroll contributions or premiums with before-tax dollars;
• The Unreimbursed Medical Flexible Spending Account (FSA) allows an employee to set aside money to pay for qualified medical and dental expenses not paid by any group benefits plan under which the employee and dependents are covered; and
• The Dependent Care FSA allows an employee to set aside funds to pay for anticipated expenses related to dependent care in order to permit the employee and spouse to work.

Note: Tax savings on commuter mass transit and parking expenses are available as a separate benefit to State employees under the Commuter Tax$ave Program. See the Commuter Tax$ave Program Fact Sheet for details.

PREMIUM OPTION PLAN (POP)

If you are an employee eligible to participate in the SHBP, you can save on taxes by participating in the POP. The POP allows you to pay any of your SHBP medical and/or dental payroll contributions or premiums with before-tax dollars. The contributions or premiums you already pay for your coverage are deducted from each paycheck before federal income and FICA (Social Security and Medicare) taxes are calculated, thereby reducing the taxes withheld. The amount of your savings depends on a variety of factors, such as the amount of the contributions or premiums and your income tax filing status. The plan runs on a calendar-year basis.

If you have a payroll contribution or premium deduction for medical and/or dental coverage, you are automatically enrolled in the POP and will pay less in taxes. If you choose to decline enrollment in the POP, you must sign and return a Declination of Premium Option Plan (POP) form each year to your benefits administrator.

POP will increase your take-home pay by reducing your taxes; it does not change the medical and/or dental contributions or premiums you are required to pay.

Effect of the POP on SHBP Rules and Procedures

The Internal Revenue Service (IRS) strictly regulates the POP because of the tax advantages provided. IRS rules require that for an employee covered by the POP, payroll deductions for medical and dental plan benefits remain the same for the entire plan year. Therefore, no coverage level change can be made which results in a change in the amount of your medical and/or dental plan deduction unless a qualifying event occurs. If a qualifying event does occur, you may make a change by submitting a completed SHBP medical and/or dental plan application to your employer within 60 days of the event or during the annual Open Enrollment period.
Qualifying Events
Plan elections in effect at the beginning of the plan year will continue throughout the calendar year or upon the occurrence of a qualifying event. The following are considered qualifying events:

- A marriage. You may enroll your spouse and any other eligible dependents. See the “Civil Union Partners, Domestic Partners, and Tax$ave” section;
- Addition of an eligible dependent due to birth, adoption, or legal guardianship;
- A change in family status involving the loss of eligibility of a family member (divorce, death);
- A move outside an HMO service area;
- The termination of your employment for any reason, including retirement;
- An approved unpaid leave of absence. You are entitled to elect the POP upon return to active employment;
- A change in your eligible dependent’s employment status resulting in his/her loss of medical and/or dental coverage; and
- Such other events that may be determined to be appropriate and in accordance with applicable IRS regulations.

UNREIMBURSED MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)
The Unreimbursed Medical FSA allows you to save taxes on out-of-pocket medical and dental expenses that reduce your spendable income. Contributing money to the Medical FSA can result in a reduction in taxes because the money you contribute to your account is free from federal income, Social Security, and Medicare taxes, and remains tax-free when you receive it.

Note: Federal law prohibits participation in both a FSA and a Health Savings Account (HSA). Therefore, if you are enrolled in a High Deductible Health Plan (HDHP), you are not eligible to enroll in this plan.

Under the Unreimbursed Medical FSA, each calendar year you may set aside up to $2,500 of your salary before taxes in a health care spending account, so that you and your eligible dependents can be reimbursed for eligible expenses incurred during the year. Eligible expenses include copayments and deductibles for medical, prescription, and dental bills, qualified expenses for medical services not covered by health plans or your State vision plan such as contact lenses solution, hearing aids, etc., and other health care expenses you can deduct on your income tax, except payroll contributions or premium deductions for health care which are covered under the POP. See the “Premium Option Plan (POP)” section.

Over-the-counter drugs and medicines are not eligible for reimbursement without a prescription from an attending provider. This includes over-the-counter items such as allergy drugs, pain relievers, cold and cough medicines, sleep aids, digestive aids, anti-gas medications, baby rash creams, and insect bite treatments. To be reimbursed for these types of over-the-counter items using your Unreimbursed Medical FSA, you must obtain a doctor’s prescription and submit it with a claim form for reimbursement.

Note: The WageWorks® Health Care Card can be used to pay for over-the-counter items that are accompanied by a prescription and filled by a pharmacist.

Over-the-counter items like eyeglasses, wrist splints, and bandages, as well as durable medical items such as crutches and canes, will continue to be reimbursed without a doctor’s order.

IRS Publication 502 – Medical and Dental Expenses, provides a complete list of services eligible for reimbursement.

Using Your Unreimbursed Medical FSA
First, you must estimate how much you will spend on unreimbursed health care during the plan year. Based on the amount you elect, contributions will be taken out of your paycheck each pay cycle throughout the calendar year. It is important to base this estimate on past experience because unused contributions must be forfeited.

You may submit claims to the Medical FSA for unreimbursed expenses between January 1 of the plan year and March 15 of the following year (e.g., January 1, 2018, through March 15, 2019). Claim forms for eligible expenses must be submitted no later than April 30 of the following year.

When you file your claim, you will be reimbursed for up to the total amount you have elected to contribute, whether or not your contributions to date have totaled the amount of your claim. When filing for reimbursement, you must verify that you have not been reimbursed for the expense from any other source.

While the federal government offers a federal income tax deduction for unreimbursed eligible health care expenses which exceed 7.5 percent of your adjusted gross income, the Unreimbursed Medical FSA offers tax-free reimbursement on every dollar of your eligible expenses, which may provide immediate tax savings for those who do not meet the medical expense deduction threshold. In addition, the Unreimbursed Medical FSA saves you Social Security and Medicare taxes — another 7.65 percent on every dollar. Keep in mind, however, that you cannot deduct expenses reimbursed by the Unreimbursed Medical FSA on your federal income tax.
Dependent Care FSA

Using Your Dependent Care FSA

$1,000 in taxes by paying your day care bills through the FSA. If you are in the 28 percent federal tax bracket, your savings would be $1,060:

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February 2019 Fact Sheet #44

CONTINUATION UNDER COBRA

The federal government offers a dependent care tax credit to give employees and their families the opportunity to continue their health care coverage when there is a qualifying event that would result in a loss of coverage. The Employee Retirement Income Security Act of 1974 (ERISA) requires that most group health plans, including Unreimbursed Medical FSAs, not for Dependent Care FSAs.

Eligible dependents include an employee’s children below age 13, the employee’s non-working spouse, a covered employee’s spouse, and dependent children of the covered employee. Each qualified beneficiary is entitled to unreimbursed medical expenses incurred in that calendar year.

The Tax$ave Unreimbursed Medical FSA is an excepted plan, and therefore offers only a limited COBRA option. One of the features of a limited COBRA option is that it is only offered for the remainder of the plan year — not the full 18 months of COBRA.

Generally, if your adjusted gross income is more than $24,000 a year, using the Dependent Care FSA is more tax effective. If your adjusted gross income is more than $24,000 a year, using the Dependent Care FSA is more tax effective.

But if you have to pay for care for your dependents in order to work, you may want to take advantage of the Dependent Care FSA plan. Contributing money to the Dependent Care FSA can result in a reduction in taxes because the money you contribute to your FSA will reduce dollar for dollar the amount that is subject to federal income tax.

Your Dependent Care FSA is an unlimited Flexible Spending Account (FSA) that allows you to set aside up to $5,000 of your salary before taxes each calendar year to pay for qualified dependent care expenses. You can use the amount you elect, contributions will be taken out of your paycheck each pay cycle throughout the calendar year. It is important to base this estimate on past experience because unused contributions must be forfeited.

The IRS provides a complete list of dependent care expenses, which includes day care and some costs for care on-site.

If you are in the 15 percent federal tax bracket, you would save $2,400 for one dependent or $4,800 for two or more dependents.

Under either the Unreimbursed Medical FSA or the Dependent Care FSA plan, any unused contributions remaining in an account at the end of the plan year are forfeited.

If you are in the 28 percent federal tax bracket, your savings would be $1,060:

First, you must estimate how much you will spend on dependent care during the plan year. Based on your estimated expenses, you can set aside up to $2,400 for one dependent or $4,800 for two or more dependents. If you have to pay for care for your dependents in order to work, you may want to take advantage of the Dependent Care FSA plan. Contributing money to the Dependent Care FSA can result in a reduction in taxes because the money you contribute to your FSA will reduce dollar for dollar the amount that is subject to federal income tax.

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Eligible dependents include an employee’s children below age 13, the employee’s non-working spouse, a covered employee’s spouse, and dependent children of the covered employee. Each qualified beneficiary is entitled to unreimbursed medical expenses incurred in that calendar year.

The Tax$ave Unreimbursed Medical FSA is an excepted plan, and therefore offers only a limited COBRA option. One of the features of a limited COBRA option is that it is only offered for the remainder of the plan year — not the full 18 months of COBRA.

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First, you must estimate how much you will spend on dependent care during the plan year. Based on your estimated expenses, you can set aside up to $2,400 for one dependent or $4,800 for two or more dependents. If you have to pay for care for your dependents in order to work, you may want to take advantage of the Dependent Care FSA plan. Contributing money to the Dependent Care FSA can result in a reduction in taxes because the money you contribute to your FSA will reduce dollar for dollar the amount that is subject to federal income tax.
Section 125 FSA PLAN ADMINISTRATION AND APPEALS

The NJDPB is the overall administrator of Tax$ave for the State of New Jersey. If you have a mid-year election change, FSA reimbursement claim, or other similar request that is period as long as payment for that coverage period is made before the end of the grace period for that payment. If you make a periodic payment later than its due date but during its grace period, your coverage under the Unreimbursed Medical FSA will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Unreimbursed Medical FSA.

For more information about your COBRA rights, please contact WageWorks, Inc. (see the "FSA Plan Administration" section for contact information), or the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at: www.dol.gov/ebsa

First Payment for Continuation Coverage
If you elect continuation of coverage, you must make your first payment for continuation of coverage within 45 days after the date of your election. This is the date the COBRA Application is postmarked, if mailed. If you do not make your first payment within the 45 days, you will lose all continuation of coverage rights under the Unreimbursed Medical FSA. Your first payment must cover the cost of continuation of coverage from the time your coverage under Tax$ave would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period.

Note: All COBRA payments are made with after-tax dollars, which negates the tax savings advantage of the FSA plan. COBRA is not a tax savings plan, and is only intended to prevent participants from forfeiting contributions made prior to termination.

Periodic Payments for Continuation Coverage
After you make your first payment for continuation of coverage, you will be required to pay for continuation of coverage for each subsequent month of coverage. Under the Unreimbursed Medical FSA, these periodic payments for continuation coverage are due on the first day of each month. Instructions for sending your periodic payments for continuation coverage will be shown on your COBRA Notice.

Grace Periods for Periodic Payments
Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation of coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you make a periodic payment later than its due date but during its grace period, your coverage under the Unreimbursed Medical FSA will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Unreimbursed Medical FSA.

For more information about your COBRA rights, please contact WageWorks, Inc. (see the “FSA Plan Administration” section for contact information), or the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at: www.dol.gov/ebsa

FSA PLAN ADMINISTRATION
WageWorks, Inc. administers the Unreimbursed Medical FSA and Dependent Care FSA plans for the State of New Jersey and the New Jersey Division of Pensions & Benefits (NJDPB).

If you have questions about the Unreimbursed Medical FSA or the Dependent Care FSA, contact WageWorks Customer Service at 1-855-428-0446, Monday through Friday from 8:00 a.m. to 8:00 p.m., or visit: www.wageworks.com

The WageWorks website is also available through the Tax$ave link on the NJDPB website at: www.nj.gov/treasury/pensions

TAX$AVE ADMINISTRATION AND APPEALS
The NJDPB is the overall administrator of Tax$ave for the State of New Jersey. If you have a mid-year election change, FSA reimbursement claim, or other similar request that is

Example: Arnold has an Unreimbursed Medical FSA annual election of $1,000 for the current plan year. He terminates employment in July and has paid $500 in payroll (pre-tax) contributions up to his termination date, but has received only $200 in reimbursement. The $300 balance ($500 in contributions minus $200 in claims) is considered underspent and allows Arnold to participate in COBRA. If Arnold was overspent, he could not participate in COBRA.

Tax$ave coverage terminates on the date that employment ends. If Arnold does not enroll in COBRA, the $300 balance will be forfeited, unless he can submit $300 of claims incurred prior to termination.

Since Arnold does not have qualified expenses that he can immediately submit against the $300 balance, he elects to participate in COBRA. He will complete and return the COBRA Election Form and send in the first COBRA payment. Once his first payment has been received, Arnold is eligible to submit claims that were incurred after his termination from employment. Arnold can continue to incur and submit claims through the end of the Tax$ave plan year, or until he has exhausted his original election for the Unreimbursed Medical FSA benefit of $1,000.

Arnold's Form W-2 will show $500 of Section 125 Medical Expense Plan Contributions.

Election for Continuation Coverage
The COBRA Notice and COBRA Application will be mailed to each eligible participant by the company administering the Tax$ave Unreimbursed Medical FSA for the State of New Jersey. You have 60 days from the date of receipt of the COBRA Notice or the last date of coverage, whichever is later, to elect to continue coverage by completing and submitting the COBRA Application.

Periodic Payments for Continuation Coverage
After you make your first payment for continuation of coverage, you will be required to pay for continuation of coverage for each subsequent month of coverage. Under the Unreimbursed Medical FSA, these periodic payments for continuation coverage are due on the first day of each month. Instructions for sending your periodic payments for continuation coverage will be shown on your COBRA Notice and COBRA Application.

Grace Periods for Periodic Payments
Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation of coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you make a periodic payment later than its due date but during its grace period, your coverage under the Unreimbursed Medical FSA will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Unreimbursed Medical FSA.

For more information about your COBRA rights, please contact WageWorks, Inc. (see the "FSA Plan Administration" section for contact information), or the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at: www.dol.gov/ebsa

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The WageWorks website is also available through the Tax$ave link on the NJDPB website at: www.nj.gov/treasury/pensions

TAX$AVE ADMINISTRATION AND APPEALS
The NJDPB is the overall administrator of Tax$ave for the State of New Jersey. If you have a mid-year election change, FSA reimbursement claim, or other similar request that is
denied, in full or in part, you have the right to appeal the decision by sending a written request for review within 30 days of the denial to:

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

Any request for appeal must include:

- The date of the services for which your request was denied, if applicable;
- A copy of the denied request, if available;
- The reason for your appeal; and
- Any additional documents, information, or comments you think may have a bearing on your appeal.

Appeal requests and supporting documentation will be reviewed and you will be notified of the results within 30 business days of receipt. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, additional processing time is required to modify your benefit elections.

Note: Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer’s, insurance provider’s, and the IRS’ regulations governing the plan.

SOCIAL SECURITY IMPLICATIONS

Since payments to the POP and FSAs lower annual earnings against which Social Security deductions or employer contributions are made, there is a concern that participation in these plans would result in reduced Social Security benefits at retirement.

If you were born after 1928, your Social Security benefits are calculated using a 35-year average of your earnings. A reduction of even $2,000 a year over some portion of this 35-year span would have little effect on your average salary and, therefore, minimal impact on your Social Security benefits. The Social Security Administration has provided us with an example of an employee who retired in 1998 at age 65, whose wages had been at the maximum wages subject to Social Security deductions. Upon retirement, this individual’s monthly Social Security allowance was $1,343. If that same person had been contributing $2,000 a year for the last 10 years to a FSA, the subsequent reduction in Social Security wages would have produced a monthly Social Security allowance of $1,335, a difference of only $8 per month.

CIVIL UNION PARTNERS, DOMESTIC PARTNERS, AND TAXSAVE

The IRS does not recognize a New Jersey civil union partner or same-sex domestic partner as a dependent for tax purposes in the same manner that it recognizes a spouse or the dependent children of an employee. Therefore, your employer may have to treat civil union or same-sex domestic partner benefits as federally taxable.

As a result, a partner must be able to qualify as a tax dependent of the employee for federal tax filing purposes — under IRC Section 152 — before an out-of-pocket medical expense incurred by the partner can be reimbursed under the Unreimbursed Medical FSA, and before any premiums that the employee pays for the partner’s coverage can be made on a pre-tax basis under the POP. See IRS Publication 503 — Dependents, for additional information on the requirements for establishing dependent status for federal tax purposes.

If the civil union partner or same-sex domestic partner is not a qualified tax dependent of the employee, the partner’s SHBP coverage is considered federally taxable and the employee cannot be reimbursed under the Unreimbursed Medical FSA for any out-of-pocket medical expense incurred by the partner, nor make pre-tax payments for the cost of the partner’s coverage under the POP. Pre-tax dollars may still be used to pay for the employee’s portion of the cost of his or her own and dependent children’s coverage. Civil union or same-sex domestic partner SHBP benefits are not subject to New Jersey State income tax.

If you live outside of New Jersey, you should check with your state’s tax agency to determine if the civil union or same-sex domestic partner benefit is subject to state taxes.

For additional information, see the Civil Unions and Domestic Partnerships Fact Sheet, available on our website.
OVERVIEW
The New Jersey State Employees’ Commuter Tax Savings Program (Commuter Tax$ave), a benefit program authorized by P.L. 2011, c. 162 (Chapter 162) and available under Section 132(f) of the federal Internal Revenue Code (IRC), allows eligible employees to set aside before-tax dollars to pay for mass transit and commuter parking expenses, thereby avoiding federal taxes and saving money. An eligible employee is any employee of the State; a State college or university; the State Library; the Palisades Interstate Park Commission; the New Jersey Building Authority; or the Waterfront Commission of New York Harbor who is eligible to participate in the State Health Benefits Program (SHBP), except those part-time employees made eligible under P.L. 2003, c. 172 (Chapter 172). Commuter Tax$ave consists of two separate component plans, and an eligible employee may elect to participate in one or both of the plans.

PROGRAM BENEFITS
The two components of Commuter Tax$ave are for mass transit expenses and commuter parking expenses.

For the 2020 calendar year, eligible employees may execute salary reduction agreements to have up to:

- $270 per month ($3,240 per year) to pay for parking at work or at park-and-ride sites.

Pre-tax monies deducted from salary are not subject to federal income taxes, Social Security taxes, or Medicare taxes. There is a minimum deduction of $15 for either mass transit or parking deductions. There are no provisions for higher deductions on an after-tax basis.

Mass transit benefits can be used to pay for costs incurred by the employee for the purposes of commuting to and from work. Commuter parking benefits may only be used to pay for the participant’s commuter parking expenses at or near their workplace or near a location from which the employee commutes to work and cannot be used for other purposes. In addition, Internal Revenue Service (IRS) rules require that mass transit benefits be delivered as tickets, payment cards, or vouchers that can only be used to purchase mass transit tickets. Parking benefits can be delivered as a payment card, voucher, or as a reimbursement of expenses.

Below are examples of how Commuter Tax$ave works for you:

<table>
<thead>
<tr>
<th>EMPLOYEE RIDES MASS TRANSIT USING PRE-TAX $125 DEDUCTION PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Pre-Tax Commuter Tax$ave</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Monthly Salary</td>
</tr>
<tr>
<td>Pre-Tax Commuter Tax$ave</td>
</tr>
<tr>
<td>Mass Transit Expense</td>
</tr>
<tr>
<td>Salary Subject to Taxes</td>
</tr>
<tr>
<td>Estimated Taxes</td>
</tr>
<tr>
<td>Monthly Mass Transit Expense</td>
</tr>
<tr>
<td>Take-Home Pay</td>
</tr>
<tr>
<td>Monthly Savings:</td>
</tr>
<tr>
<td>Annual Savings:</td>
</tr>
</tbody>
</table>

(Additional examples listed on page 2)

*Examples are based on an annual salary of $45,000. Estimated Federal Taxes: 25 percent. Taxes exempted include: Federal Income, Social Security, and Medicare. Greater savings may result if your commuting costs are higher and/or you are in a higher federal income tax bracket. Lower deductibles may result in smaller savings and individual savings may vary. Consult your tax advisor.
### Commuter Tax$ave Program

**EMPLOYEE PARKS AND THEN RIDES MASS TRANSIT, USING PRE-TAX $125 DEDUCTION PER MONTH FOR MASS TRANSIT AND PRE-TAX $80 DEDUCTION FOR PARKING**

<table>
<thead>
<tr>
<th></th>
<th>Without Pre-Tax Commuter Tax$ave</th>
<th>With Pre-Tax Commuter Tax$ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Salary</td>
<td>$3,750</td>
<td>$3,750</td>
</tr>
<tr>
<td>Pre-Tax Commuter Tax$ave for Mass Transit</td>
<td>$0</td>
<td>$-125</td>
</tr>
<tr>
<td>Pre-Tax Commuter Tax$ave for Parking</td>
<td>$0</td>
<td>$-80</td>
</tr>
<tr>
<td>Salary Subject to Taxes</td>
<td>$3,750</td>
<td>$3,545</td>
</tr>
<tr>
<td>Estimated Taxes</td>
<td>$-800</td>
<td>$-737</td>
</tr>
<tr>
<td>Monthly Mass Transit Expense</td>
<td>$-125</td>
<td>$-0</td>
</tr>
<tr>
<td>Monthly Parking Expense</td>
<td>$-80</td>
<td>$-0</td>
</tr>
<tr>
<td>Take-Home Pay</td>
<td>$2,745</td>
<td>$2,808</td>
</tr>
</tbody>
</table>

**Monthly Savings:** $63*

**Annual Savings:** $756*

---

**EMPLOYEE USES PRE-TAX $80 DEDUCTION PER MONTH FOR PARKING**

<table>
<thead>
<tr>
<th></th>
<th>Without Pre-Tax Commuter Tax$ave</th>
<th>With Pre-Tax Commuter Tax$ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Salary</td>
<td>$3,750</td>
<td>$3,750</td>
</tr>
<tr>
<td>Pre-Tax Commuter Tax$ave for Parking</td>
<td>$0</td>
<td>$-80</td>
</tr>
<tr>
<td>Salary Subject to Taxes</td>
<td>$3,750</td>
<td>$3,670</td>
</tr>
<tr>
<td>Estimated Taxes</td>
<td>$-800</td>
<td>$-775</td>
</tr>
<tr>
<td>Monthly Parking Expense</td>
<td>$-80</td>
<td>$-0</td>
</tr>
<tr>
<td>Take-Home Pay</td>
<td>$2,870</td>
<td>$2,895</td>
</tr>
</tbody>
</table>

**Monthly Savings:** $25*

**Annual Savings:** $300*

---

*Examples are based on an annual salary of $45,000. Estimated Federal Taxes: 25 percent. Taxes exempted include: Federal Income, Social Security, and Medicare. Greater savings may result if your commuting costs are higher and/or you are in a higher federal income tax bracket. Lower deductibles may result in smaller savings and individual savings may vary. Consult your tax advisor.

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**ENROLLMENT**

Unlike the Section 125 portion of the State's Tax$ave Program (Medical and/or Dependent Care Spending Accounts) that requires one annual election, the Commuter Tax$ave Program allows an employee to opt in and out or change amounts on a monthly basis. Eligible employees may enroll in the program or end participation at any time during the year and may change deductions as often as they like during the year. Once enrolled, the employee remains enrolled for all subsequent months at the same level of participation until the employee makes a change to the deduction amounts or elects to end participation.

Commuter Tax$ave benefits are provided by Edenred Commuter Benefit Solutions. An eligible employee enrolls by contacting Edenred directly, either by calling Customer Service at 1-888-512-8769 or online at: [www.commuterbenefits.com](http://www.commuterbenefits.com)

Upon enrollment, an employee's eligibility is confirmed with the employer who will arrange for payroll deductions to begin. Deductions for the benefit are taken from the first payroll check in the month. TransitChek will then process tickets, payment cards, or vouchers and mail them directly to the employee.

The total time required for processing before the benefit begins is approximately 45 days. The schedule for enrollments/changes during a typical year is shown in the following chart:
### Enrollments Period

<table>
<thead>
<tr>
<th>ENROLLMENT PERIOD</th>
<th>BENEFIT PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 1 – February 29</td>
<td>April</td>
</tr>
<tr>
<td>March 1 – March 31</td>
<td>May</td>
</tr>
<tr>
<td>April 1 – April 30</td>
<td>June</td>
</tr>
<tr>
<td>May 1 – May 31</td>
<td>July</td>
</tr>
<tr>
<td>June 1 – June 30</td>
<td>August</td>
</tr>
<tr>
<td>July 1 – July 31</td>
<td>September</td>
</tr>
<tr>
<td>August 1 – August 31</td>
<td>October</td>
</tr>
<tr>
<td>September 1 – September 30</td>
<td>November</td>
</tr>
<tr>
<td>October 1 – October 31</td>
<td>December</td>
</tr>
<tr>
<td>November 1 – November 30</td>
<td>January</td>
</tr>
<tr>
<td>December 1 – December 31</td>
<td>February</td>
</tr>
<tr>
<td>January 1 – January 31</td>
<td>March</td>
</tr>
</tbody>
</table>

**Note:** the monthly deduction for the Commuter Tax$ave Program will generally be taken from the first paycheck each month; however, there may be times when the deduction will be taken from the second paycheck of the month.

### Social Security Implications

Since payments to the Commuter Tax$ave Program lower annual earnings against which Social Security deductions are made, there is a concern that participation in these plans would result in reduced Social Security benefits at retirement.

If you were born after 1928, your Social Security benefits are calculated using a 35-year average of your earnings. A reduction of up to $3,120 a year (based on the maximum pre-tax transit benefit cap) over some portion of this 35-year span would have little effect on your average salary and, therefore, minimal impact on your Social Security benefits. However, if you are concerned, you should call the Social Security Administration for further advice at 1-800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov).

### Additional Information

Additional information about the Commuter Tax$ave Program is available from Edenred by calling 1-888-512-8769 or online at [www.commuterbenefits.com](http://www.commuterbenefits.com).

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)
HOLIDAY SCHEDULE INFORMATION

Holidays observed at University Hospital

<table>
<thead>
<tr>
<th>New Year's Day</th>
<th>Memorial Day Observance</th>
<th>Thanksgiving Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin Luther King, Jr. Birthday Observance</td>
<td>Independence Day</td>
<td>Day After Thanksgiving Day</td>
</tr>
<tr>
<td>Good Friday</td>
<td>Labor Day</td>
<td>Christmas Day</td>
</tr>
</tbody>
</table>

FLOAT HOLIDAYS

Only full and part-time staff who are in active payroll status on January 1 and full-time temporary staff who have been continuously employed for six (6) months are eligible for six float holidays.

Staff hired between January 2 and June 30, will be credited with three (3) float holidays in July. Staff on unpaid leave on January 1, but return from leave prior to July 1, will be credited with three (3) float holidays.

Float Holidays must be taken between January 1 and December 31, or they are forfeited.

Float Holidays shall be reported on the time sheets as "FH".

Regular part-time staff shall be paid for Float Holidays on a prorated basis in accordance with the length of their workweek.

Float Holidays, except in the case of personal emergencies, must be requested at least one week in advance. Float Holidays may be used for religious holidays.

Supervisors shall only approve a Float Holiday if the staff member's absence does not interfere with University Hospital’s operations.

For staff members on a seven-day workweek schedule, a holiday falling on a Saturday or Sunday is observed on that day. Premium pay will be given only to staff members working the actual holiday.

Premium pay is not given for work performed on the Day after Thanksgiving or on Good Friday for non-exempt staff.
Welcome to University Hospital

You Made the Right Choice!
Employee Benefits

University Hospital Benefits Services Office

ADMC Bldg. #8
Claudine Cruz-Green-Benefits Services Associate
(973) 972-0885
Robin Hynes-Benefits Services Associate
(973) 972-4743
Diane Wieckowski-Manager Benefits Operations & Data Admin
(973) 972-3925
State Health Benefits Program (SHBP)

Eligibility Requirements

- Eligibility based on regular employment
- Hired to work 35 or more hours a week
- Effective date of coverage - after two months of continuous employment

Medical Benefits Under Chapter 172

Eligibility

- Part Time less than 35 hours per week
- Enrolled in a Pension Plan
- Full Cost (Direct Billing)

Available Plans

- Health Maintenance Organization (HMO's)
- High Deductible Health Plans (HD's)
- Preferred Provider Organization (PPO's)
- Tiered Plans
Affordable Care Act (ACA)

- Private Insurance through Health Insurance Marketplace.
- State Exchange
- Coverage for those not eligible under SHBP
- HealthCare.gov

Eligible Dependents

- Spouse, Same-Sex Spouse, Same-Sex Civil Union Partner
- Children (under age 26) coverage ends the end of the year they turn 26
- Stepchildren, Foster-Care Children
- Legally Adopted Children
- Documentation required for dependent enrollment

Qualifying Event

- 60 day notice period for qualifying event (such as marriage, birth or adoption of a child, loss of spouse coverage etc.)
- Review regulations for a Spouse, Same-Sex Spouse, Same-Sex Civil Union Partner or also employed at a State institution
Open Enrollment

- Annual Open Enrollment is in October
- New Dependent Enrollment (if not added on at time of qualifying event)

Medical Plans

Preferred Provider Organizations (PPO’s)
Health Maintenance Organizations (HMO’s)
Tiered Plans
High Deductible Plans (HD’s)

Medical Benefits Cost

- The employee will pay the greater of 1.5% of annual base salary or percentage of premium cost
- Contribution is withheld the first pay after the effective date of coverage
### Medical Plans

<table>
<thead>
<tr>
<th>PPO PLANS</th>
<th>HMO PLANS</th>
<th>TIERED PLANS</th>
<th>HIGH DEDUCTIBLE</th>
<th>PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DIRECT 15</td>
<td>HORIZON HMO</td>
<td>HORIZON OMNIA HEALTH PLAN</td>
<td>NJ DIRECT HD4000</td>
<td></td>
</tr>
<tr>
<td>NJ DIRECT 15/25</td>
<td>NJ DIRECT HD1500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJ DIRECT 20/30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJ DIRECT 20/35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJ DIRECT 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health Maintenance Organizations (HMO’s)

Horizon HMO

**Features (Covers Preventative Care)**
- Restricted to Network MD’s/Facilities
- Member chooses his/her primary care physician
- Referrals are required for most specialists
Tiered Plans

Horizon Omnia Health Plan

Horizon Tiered Plans

Features (Covers Preventative Care)
- Restricted to Tier 1 or Tier 2 Network MD's/Facilities
- Co-pays vary depending on Tier Network
- Referrals are not required for specialists

Refer to State Active Employees Medical Plan Design included in the New Employee Orientation Booklet for co-pays and out of pocket expenses.

Preferred Provider Organizations (PPO)

NJ DIRECT15
NJ DIRECT1525
NJ DIRECT2030
NJ DIRECT2035
NJ DIRECT*
NJ DIRECT2019**

*Members hired before July 1, 2019 are eligible to enroll
**Members hired after July 1, 2019 are eligible to enroll
### Horizon PREFERRED PROVIDER ORGANIZATIONS (PPO’s)

#### Coverage in-network
- No primary care physician-no referrals
- Preventive, routine & urgent care

Refer to State Active Employees Medical Plan Design included in the New Employee Orientation Booklet for co-pays and out-of-pocket expenses.

#### Coverage out-of-network
- Deductibles/Co-Insurance – Eligible expenses covered at applicable percentage of reasonable & customary expenses
- Claim forms need to be filed

Refer to State Active Employees Medical Plan Design included in the New Employee Orientation Booklet for deductibles.

### High Deductible (HD) Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ Direct  HD1500</td>
<td></td>
</tr>
<tr>
<td>NJ Direct  HD4000</td>
<td></td>
</tr>
</tbody>
</table>
**NJ DIRECT HD 1500- HIGH DEDUCTIBLE PLAN**

**In-Network Services**
- $1,500 In-Network Deductible
- 20% In-Network Coinsurance after deductible is met
- $1,000 Out-of-Pocket Maximum

**Out-of-Network Services**
- $1,500 Deductible (combined with In-Network Deductible)
- 40% Out-of-Network Coinsurance after deductible is met
- $3,500 Out-of-Pocket Maximum

*Amounts above are based on individual costs. All other coverage levels the amounts are doubled*

---

**NJ DIRECT HD 4000- HIGH DEDUCTIBLE PLAN**

**In-Network Services**
- $4,000 In-Network Deductible
- 20% In-Network Coinsurance after deductible is met
- $1,000 Out-of-Pocket Maximum

**Out-of-Network Services**
- $4,000 Deductible (combined with In-Network Deductible)
- 40% Out-of-Network Coinsurance after deductible is met
- $6,000 Out-of-Pocket Maximum

*Amounts above are based on individual costs. All other coverage levels the amounts are doubled*

---

**Medical Plan Summary**

Employer Health Savings Account (HSA) is available for the High Deductible Plans only.
Member will receive a welcome kit with information to enroll
Voluntary employee contributions to the HSA can be used for medical and prescription drug expenses
Medical Benefits

☑️ Plan ID cards given to you and eligible dependents before coverage date

Prescription Drug Plan

☑️ Many Pharmacies Participate (Including Most Pharmacy Chains)
☑️ ID card required for purchase
☑️ ID card will be sent to the employee and each eligible dependent prior to the effective date of coverage

Administered by
OptumRx
(844) 368-8740
Prescription Drug Plan

☑ 30 day supply at retail pharmacy
☑ 90 day mail order
☑ Co-pays vary depending on medical plan enrolled
Refer to the State Active Employees Medical Plan Design included in the New Employee Orientation Booklet for co-pay information.

---

Horizon 1500 and 4000
High Deductable Plan

☑ Subject to deductible and coinsurance
☑ Members pay 100% of prescription drug costs until deductible is met
☑ Member then pays the applicable coinsurance until the out of pocket maximum is met

---

Prescription Drug Plan

☑ The employee will pay the greater of 1.5% of annual base salary or percentage of premium cost.
Dental Expense Plan

Aetna PPO

- No geographical restrictions
- Claim forms required

Eligible Expenses
- Basic Preventative Care
- Periodontics
- Prosthodontics
# Dental Expense Plan

## In-Network
- $50 Deductible/Person (or $100/Family) waived for Preventive
- Eligible expenses covered at applicable percentage of reasonable and customary expenses
- Annual dollar maximum $3,000/member

## Out-of Network
- $75 Deductible/Person (or $150/Family) waived for Preventive
- Eligible Expenses covered at applicable percentage of reasonable and customary expenses
- Annual dollar maximum $2,000/member (Maximum of $3,000 combined In and Out of Network)

## Non-Covered Expenses
- Supplies for home use
- Charges more than reasonable and customary

Predetermination of coverage for dental expenses over $300 and for specific services, e.g., crowns, periodontics, prosthodontics or orthodontics, regardless of the cost. Without advance approval, these services will not be reimbursed.
Dental Expense Plan

**Orthodontic Eligibility**
- Must have ten months employment
- Child under 19 years of age
- Not available for procedures started before coverage began

Dental Expense Plan

Orthodontic Eligibility In-Network
- 50% to $1,000 lifetime maximum*

Orthodontic Eligibility Out-of-Network
- 40% to $750 lifetime maximum* (maximum of $1,000 combined in and out of network)
* Not subjected to deductible or combined with annual maximum

Dental Plan Organization (DPO)
- Aetna DPO
- Cigna Dental Health, Inc
- Healthplex
- Horizon Dental Choice
- MetLife
Dental Plan Organization

- Coverage restricted to DPO providers
- Preventive/Routine Care - 100%
- Co-Payment for specialized care
- No claim forms required

Orthodontic Eligibility

- Patient under 18 years of age at the start of treatment has Co-Pay of $1,000 or 50% of reasonable and customary charges, whichever is less
- Patient 18 years of age and over at the start of treatment has co-pay of $1,750 or 50% of reasonable and customary charges, whichever is less
- Treatment plan maximum of 24 months

State Employee Group Dental Program

- Must remain in plan for a minimum of 12 months
COBRA

☑️ Death, Divorce, Dependents > Age 26
   Maximum Duration 36 Months

☑️ Member Termination - Maximum
   Duration 18 Months

Coverage for Same-Sex Civil Union
Partners

☑️ Applicable biweekly premiums will be deducted on an
   after tax basis

☑️ Imputed income will be applied

☑️ In the event that the Civil Union Partner meets the IRS
   Definition of Dependent for Tax Purposes, the University
   does not have to treat the Civil Union Partner’s
   coverage as a taxable benefit

Public Employees Retirement
System (PERS)
Defined Contribution
Retirement Program (DCRP)
Are you enrolled in or have you retired from a State Administered Pension Plan?

Public Employees Retirement System (PERS)

Public Employees Retirement System (PERS)

Plan Eligibility

- Regular Full or Part-Time Employee
- Work 35 or More Hours per Week
- Begins the Date of the First Pay Period Nearest Your Hire Date
- Vesting Provisions
Public Employees Retirement System (PERS)

**Retirement Benefits**

- Age 65 or 30 Years of Service
- 1/4th of 1% per Month Decrease
  Under Age 65

Public Employees Retirement System (PERS)

**Mandatory Contributions**

- Current Rate is 7.50%
- Up to a compensation limit based the annual maximum wage for Social Security deductions $137,700 for 2020
- Delay in Commencement of Contribution
- Special Provisions for Veterans

Public Employees Retirement System (PERS)

**Loan Opportunity**

- 3-Year Service Requirement
- Two Loans/Year
Public Employees Retirement System (PERS)

Life Insurance

**Non Contributory Portion**
- Pays 1.5 x Base Annual Salary*
  (Pro-Rated First Year)
- Members enrolled at age 60 or old must prove insurability

*Subject to Annual Maximum Wage Limit for Social Security

---

Public Employees Retirement System (PERS)

Life Insurance

**Contributory Portion**
- 1st Year Mandatory Contribution
- 1/2 of 1% Payroll Deduction
- Pays 1.5 x Base Annual Salary*
  (Paid in Full in First Year)
- Imputed Income

*Subject to Annual Maximum Wage for Social Security

---

Public Employees Retirement System (PERS)

- If Vested in PERS at Retirement Non-Contributory Portion will be Equal to 3/16ths of Your Base Salary
- Conversion to Private Coverage

---

---
Public Employees Retirement System (PERS)

Disability Insurance Benefits

- Cost Free
- 60% base Monthly Salary
- 1 year Membership Requirement
- 6 month Waiting Period

Defined Contribution Retirement Program (DCRP)

Plan Eligibility

- Part-Time Employee not eligible for PERS enrollment
- Work less than 35 hours per week
- PERS members who meet the maximum Social Security maximum wage limit for the calendar year
- Vested after 12 months of contributions
Defined Contribution Retirement Program (DCRP)

Members
- Begin Membership for the First of the Month
- Contribute 5.5% Employer Matches 3%
- Contributions are up to the annual compensation limit of $280,000 for 2019
- Retroactive Contribution

Investment Provider
- Prudential Retirement

Defined Contribution Retirement Program (DCRP)

- Cash Distribution and Annuity Options Upon Separation of Employment
- Transferable
Defined Contribution Retirement Program (DCRP)

Life Insurance
☑ Cost Free
☑ 1.5 times Base Annual Salary up to annual compensation limit.
☑ Pro-rated in the First Year
☑ Members enrolled at age 60 or older must prove insurability
☑ Imputed Income

Defined Contribution Retirement Program (DCRP)

Disability Insurance
☑ Cost Free
☑ 60% base Monthly Salary
☑ 1 year Membership Requirement
☑ 6 month Waiting Period
New Jersey Temporary Disability Insurance

and

New Jersey Family Leave Insurance

*(Mandatory)*

- Effective Day 1 (Based on 20 Weeks of New Jersey Employment)
- 2/3 of Weekly Wage to the Current Statutory Limit
- Maximum - 1/3 Total Wages or Weekly Amount x 26

New Jersey Family Leave Insurance

Up to 6 weeks of Family Leave Insurance: bond with newborn, newly adopted children or care for sick family members.

- Effective Day 1 (Based on 20 Weeks of New Jersey Employment)
- 2/3 of Weekly Wage to the Current Statutory Limit
Optional Contributory Plan
Tax Sheltered Plans

New Jersey State Employee Deferred Compensation Plan (NJSEDCP)
- Employed by the State or an eligible agency
- Pre-Tax Contributions Up to the Annual Tax Deferral IRS 457 Limit
- After-Tax Roth 457 option
- Broad array of investment choices
- Settlement at Separation
- Prudential Retirement

New Jersey State Employees’ Tax-Savings Program (Flexible Spending Account)
Enrollment in Dependent Care and Medical Spending Account is within 30 days from date of hire
- Dependent Care Account (30 Day Waiting Period)
- Medical Spending Account (60 Day Waiting Period)
- Premium Option Plan (POP)
- Annual Open Enrollment In October
New Jersey State Employees' Commuter Tax$ave Program

- Mass Transit Commuter Costs
- Parking (Other Than Campus Sites) Costs
- Pre-Tax Basis
- Continuous Enrollment Cycles
- New Hire Eligible After 30 Days

Division of Pension and Benefits

Telephone Numbers

Automated Line for PERS (609) 777-1777
Customer Service for All Plans (609) 292-7524

Time Off Policies

- Holidays
- Float Holidays
- Sick Leave
- Vacation Accrual
- Leave of Absences
Sick Leave Policy

- New Hires Accrue One Day Per Month
- Pro-rated for part time employees
- Unused Days Carry Over
- Staff employees receive 1/2 of the Value of Unused Days (Maximum payout of $15,000) for a non-deferred retirement.

Holidays

Staff members are eligible to receive up to:
- 9 Recognized Holidays
- 6 Float Holidays
- 15 Annual Holidays*

*Pro-rated for part time employee.

Holidays do not carry over to the following year.

Vacation Accruals

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Vacation Accrual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>15 days/year</td>
</tr>
<tr>
<td>11-20</td>
<td>20 days/year</td>
</tr>
<tr>
<td>21 +</td>
<td>25 days/year</td>
</tr>
</tbody>
</table>

Pro-rated for part time employees

(Staff May Carry Over One Year Of Their Vacation Accruals)
Vacation Accruals (Director Level and Above)

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Vacation Accrual</th>
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</thead>
<tbody>
<tr>
<td>1-20</td>
<td>20 days/year</td>
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<td>21 +</td>
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</tbody>
</table>

(Staff May Carry Over One Year Of Their Vacation Accruals)

Vacation Accruals (Staff Nurses)

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Vacation Accrual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>15 days/year</td>
</tr>
<tr>
<td>4-18</td>
<td>20 days/year</td>
</tr>
<tr>
<td>19 +</td>
<td>25 days/year</td>
</tr>
</tbody>
</table>

Pro-rated for part time employees

(Staff May Carry Over One Year of Their Vacation Accrual)

Leave of Absences

- Academic
- Military
- Personal
Medical FMLA Leave of Absence

☑ Leave of Absence for employee due to illness or injury for self, family member, or leave due to birth, adoption or foster care.

☑ Please view Medical/Family Medical Leave Act-Leave of Absence/New Jersey Paid Family Leave policy for eligibility, available leaves and information regarding benefits while on leave.

Educational Assistance Program (EAP)

☑ Eligibility applies to full-time and part-time (20 or more hours per week) employees.

☑ Staff employees are eligible for reimbursement up to the annual limit with a grade of “C” or better.

☑ Reimbursement covers tuition cost and credit by exam.

☑ Please refer to the Education Assistance Program policy at time of eligibility for details and annual limit reimbursements.

Office of Training and Organizational Development

Offers a wide variety of training courses for the development of management and non-management staff. Consults with Departments.

Provides courses to all employees. Supervisor’s approval is required. See course listing on-line for details.
University Hospital’s “Extras”

- Employee Discounts- uhnj.org
- Additional voluntary plans
- Credit Union
- Direct Deposit
- Employee Assistance Program (EAP)

University Hospital Benefits Services Office
ADMC Bldg #8
Claudine Cruz-Green-Benefits Services Associate
(973) 972-6885
Robin Hynes-Benefits Services Associate
(973) 972-4743
Diane Wieckowski-Manager Benefits Operations
(973) 972-3925

ADMC Bldg #8
Claudine Cruz-Green-Benefits Services Associate
(973) 972-6885
Robin Hynes-Benefits Services Associate
(973) 972-4743
Diane Wieckowski-Manager Benefits Operations
(973) 972-3925
1. EMPLOYEE INFORMATION — Last Name ___________________________ First ___________________ Mi ___________________

Gender ________ Birth Date ________/______/______ Social Security Number — — Marital Status* __________

Telephone Number ________________________________________________ Personal Email Address ______________________________

2. EMPLOYMENT STATUS

□ Full Time □ Part Time □ Intermittent □ National Guard □ ACA (Monthly only)

3. REASON FOR APPLICATION (Check one)

□ New Enrollment □ Transfer □ Open Enrollment □ Loss of Coverage □ Adding Dependents □ Deleting Dependents □ Waiver of Coverage □ Other

I have been offered the above coverage and I elect to waive participation for myself and my eligible dependents (see Instructions page for details). Note: Oral contraceptive coverage is available under the medical plan.

□ I elect to waive Health Coverage □ I elect to waive Prescription Drug Coverage

4. TYPE and LEVEL OF COVERAGE

□ Single □ Parent/Child □ Member/Spouse/Civil Union □ Member/Domestic Partner □ Family

□ Level □ Health □ Rx

Date of Event ________/______/______

5. HEALTH PLAN (Check one box only)

□ OMNIA Health Plan □ NJ DIRECT/ NJ DIRECT 2019* □ NJ DIRECT15 □ NJ DIRECT1525 □ NJ DIRECT2030
□ NJ DIRECT2035 □ Horizon HMO □ NJ DIRECT HD1500** □ NJ DIRECT HD4000

For HD Plans only – Health Savings Account (HSA)

□ I wish to establish a HSA at this time and understand that I will be contacted to establish banking. By applying for and funding my HSA I represent that I: 1) am covered under a High Deductible Health Plan (HDHP); 2) I am not covered by any other non-HDHP product; 3) cannot be claimed as a dependent on another person’s tax return.

□ I am not enrolling in a HSA at this time and understand that if I choose to at a later date, I must contact my health plan.

*Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.

**Part-time employees cannot enroll in the NJ DIRECT HD1500 plan.

6. Dependent Information: List all eligible dependents and attach required proof of dependency documents*

□ Additional sheets attached. Any dependents not listed will be removed.

Eligible Dependents Last Name, First Name Social Security No. Circle Relationship Birth Date Gender

— — Spouse / Civil Union / Domestic Partner / /
— — Child (Natural, Adopted, Foster, Step, Legal Ward) / /
— — Child (Natural, Adopted, Foster, Step, Legal Ward) / /

*See Instructions page for detailed information and Mailing Address

7. Employee Signature: ___________________________ Date: ________/______/______
INSTRUCTIONS FOR THE SHBP STATE ACTIVE EMPLOYEE GROUP
HEALTH BENEFITS ENROLLMENT and/or CHANGE FORM

SECTION 1 – EMPLOYEE INFORMATION – Complete entire section. Indicate Marital Status as follows: S (Single), M (Married), CU (Civil Union), DP (Domestic Partner), D (Divorced), W (Widowed)

SECTION 2 – EMPLOYMENT STATUS – Check one block only

SECTION 3 – REASON FOR APPLICATION – Check one block only

- New Enrollment – New hire or HIPAA event
- Transfer – Active health benefits coverage transferring from another SHBP/SEHBP location
- Open Enrollment – Annually in October
- Adding Dependents – Must be done within 60 days of event (i.e. birth, marriage, adoption – indicate reason and date)
- Deleting Dependents – Removal of covered dependents (indicate reason and date)
- Loss of Coverage – Enrolling because of loss of other coverage (application and HIPAA certificate submitted within 60 days of the loss of other coverage)
- Waiver of Coverage – Waive (decline) coverage
- Other (indicate reason and date)
- Reason – indicate reason
- Date of Event – indicate date

To waive (decline) coverage: If you wish to waive Health and/or Prescription Drug coverage under the provisions of N.J.S.A. 52:14-17.31a, check appropriate block. Note: Both Health and Prescription Drug coverage must be waived to avoid paying a contribution. If you are waiving coverage for yourself or any or all of your eligible dependents because of other group health coverage, you may enroll in the future. You must provide proof of the loss of other coverage and submit it with your application within 60 days of the loss of other coverage. Otherwise, you will be required to wait until the annual Open Enrollment.

SECTION 4 – TYPE AND LEVEL OF COVERAGE – Indicate by checking the appropriate block to enroll in Health and/or Rx (Prescription Drug)

- Single – coverage for you only
- Parent/Child(ren) – coverage for you and any eligible child(ren) under age 26
- Member/Spouse/Civil Union – coverage for you and your eligible spouse or your Civil Union Partner
- Member/Domestic Partner – coverage for you and your eligible Domestic Partner
- Family – coverage for you, your eligible Spouse/Civil Union Partner/Domestic Partner, and child(ren) under age 26

SECTION 5 – HEALTH PLAN – Select only one plan. The Health Benefits Summary Program Description provides you with all available options. Members who wish to enroll in a High Deductible Health Plan (HDHP) must complete a Health Savings Account (HSA) Form. Guidebooks and applications can be found on our website at: www.nj.gov/treasury/pensions

SECTION 6 – DEPENDENT INFORMATION – List all eligible dependents and attach dependent documentation proof (see attached). If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. Ensure your dependents match your level of coverage (Section 4). Your child(ren) may be covered until the end of the calendar year they turn 26. Any dependents not listed will not be covered. Attach extra pages for additional dependents.

Note: Use Section 3 to delete dependents.

SECTION 7 – EMPLOYEE SIGNATURE – Read, sign, date, and attach required dependent documentation. Return the application to your employer’s human resources office for certification.

MISREPRESENTATION: Any person that knowingly provides false or misleading information is subject to criminal and civil penalties pursuant to N.J.S.A. 17:33A-6c.

EMPLOYER CERTIFICATION – Must be completed by the Certifying Officer. The Certifying Officer’s signature confirms that:

- The employee is eligible;
- The application is legible and completed in its entirety;
- The employee’s selected plans and coverage levels are appropriate;
- The dependent documentation provided is complete and correct;
- The Employer Certification section is completed in its entirety; and
- The information presented is true to the best of their knowledge.

MAIL COMPLETED APPLICATION TO: New Jersey Division of Pensions & Benefits Health Benefits Bureau P.O. Box 299 Trenton, NJ 08625-0299
The State Health Benefits Program (SHBP) and School Employees’ Health Benefits Program (SEHBP) are required to ensure that only employees, retirees, and eligible dependents are receiving health care coverage under the Programs. The New Jersey Division of Pensions & Benefits (NJDPB) must guarantee consistent application of eligibility requirements within the plans. Employees or retirees who enroll dependents for coverage (spouses, civil union partners, domestic partners, children, disabled and/or overage children continuing coverage) MUST submit the following documentation in addition to the appropriate health benefits enrollment or change of status application. If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. ANY DEPENDENTS NOT LISTED ON THE APPLICATION WILL NOT BE COVERED.

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<th>DOCUMENTATION REQUIRED</th>
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<td>SPOUSE</td>
<td>A person to whom you are legally married.</td>
<td>A copy of the marriage certificate and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the spouse. If filing separately, submit a copy of both spouses’ tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both spouses and is received at the same address.</td>
</tr>
<tr>
<td>CIVIL UNION PARTNER</td>
<td>A person of the same sex with whom you have entered into a civil union.</td>
<td>A copy of the marriage certificate and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the partner. If filing separately, submit a copy of both partners’ tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both partners and is received at the same address.</td>
</tr>
<tr>
<td>DOMESTIC PARTNER</td>
<td>A person of the same sex with whom you have entered into a domestic partnership. Under P.L. 2003, c. 246, the Domestic Partnership Act, health benefits coverage is available to domestic partners of State employees, State retirees, or employees or retirees of a SHBP - or SEHBP - participating local public entity that has adopted a resolution to provide Chapter 246 health benefits.</td>
<td>A copy of the New Jersey certificate of domestic partnership dated prior to February 19, 2007, or a valid certification from another State or foreign jurisdiction that recognizes same-sex domestic partners and a copy of the front page of the employee/retiree’s N.J. tax return* from last year that includes the partner. If filing separately, submit a copy of both partners’ N.J. tax returns that list the same address. If Domestic Partnership occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both partners and is received at the same address.</td>
</tr>
<tr>
<td>CHILDREN</td>
<td>A subscriber’s child until age 26, regardless of the child’s marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents. This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.</td>
<td>Natural or Adopted Child – A copy of the child’s birth certificate showing the name of the employee/retiree as a parent. Step Child – A copy of the child’s birth certificate showing the name of the employee/retiree’s spouse or partner as a parent and a copy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner. Legal Guardian, Grandchild, or Foster Child – Copies of final court orders with the presiding judge’s signature and seal. Documents must attest to the legal guardianship by the employee.</td>
</tr>
<tr>
<td>DEPENDENT CHILDREN WITH DISABILITIES</td>
<td>If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP/SEHBP; (2) the child continues to be disabled; (3) the child is unmarried or does not enter into a civil union or domestic partnership; and (4) the child remains substantially dependent on you for support and maintenance. You may be contacted periodically to verify that the child remains eligible for coverage. Documentation for the appropriate “child” type (as noted above) and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the child. If Social Security disability benefits have been awarded, or in current application, please include any information with the documentation that is submitted. Please note that this information is only verifying the child’s eligibility as a dependent. The disability status of the child is determined through a separate process.</td>
<td></td>
</tr>
<tr>
<td>CONTINUED COVERAGE FOR OVERAGE CHILDREN</td>
<td>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of P.L. 2005, c. 375. This includes a child by blood or law who: (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. Documentation for the appropriate “child” type (as noted above), and a copy of the front page of the child’s federal tax return* (Form 1040) from last year, and if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</td>
<td></td>
</tr>
</tbody>
</table>

*You may black out all financial information and all but the last four digits of any Social Security numbers on tax returns. To obtain copies of the documents listed above, contact the office of the town clerk in the city of the birth, marriage, etc., or visit these websites: www.vitalrec.com or www.studentclearinghouse.org
Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration website: www.nj.gov/health/vital/index.shtml
EMPLOYEE CERTIFICATION — I certify that all the information supplied on this form is true to the best of my knowledge and that it is verifiable. I understand that if I waive my right to coverage at this time, enrollment is not permissible until the next scheduled open enrollment or if other coverage is lost and proof of loss is provided (HIPAA). I understand that I must remain enrolled in the Dental Plan for a minimum of 12 months and that there is no guarantee of continuous participation by dental service providers, either dentists or facilities, in the DPO plans. If either my dentist or dental center terminates participation in my selected plan, I must select another dentist or dental center participating in that plan to receive the "in-network" benefit. I authorize any hospital, physician, dentist or dental care provider to furnish my dental plan or its assignee with such dental information about myself or my covered dependents as the assignee may require.

Misrepresentation: Any person that knowingly provides false or misleading information is subject to criminal and civil penalties pursuant to N.J.S.A.17:33A-6c.

6. Employee Signature: ___________________________________________ Date: __________/________/________

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**State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)

HEALTH BENEFITS ACTIVE EMPLOYEE GROUP
EMPLOYEE DENTAL ENROLLMENT and/or CHANGE FORM**

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1. **EMPLOYEE INFORMATION — Last Name** ___________________________ **First** ___________________________ **MI** ___________________________

   **Gender** ___________________________ **Birth Date**/__/____ ___________________________ **Social Security Number** ___________________________

   **Telephone Number** ___________________________ **Personal Email Address** ___________________________

2. **REASON FOR APPLICATION** (check one)

   - New Enrollment
   - Open Enrollment
   - Adding Dependents
   - Waiver of Coverage
   - Transfer
   - Loss of Coverage
   - Deleting Dependents
   - Other

3. **LEVEL OF COVERAGE**

   - Single
   - Parent/Child
   - Member/Spouse/Civil Union
   - Member/Domestic Partner
   - Family

4. **DENTAL PLAN** You must remain enrolled in selected plan for 12 months.

   - I wish to be covered under the Aetna Dental Expense Plan
     - Aetna DEP/PPO
   
   - I wish to be covered under a Dental Plan Organization (DPO/DMO)
     - Aetna DMO
     - Cigna
     - MetLife
     - Healthplex
     - Horizon BCBSNJ

   **Dentist ID Number** ___________________________________

5. **Dependent Information: List all eligible dependents and attach required proof of dependency documents**

   - Additional sheets attached. Any dependents not listed will be removed.

   **Eligible Dependents Last Name, First Name** ___________________________ **Social Security No.** ___________________________

   **Circle Relationship** ___________________________ **Birth Date**/__/____ ___________________________ **Gender** ___________________________

   - Child (Natural, Adopted, Foster, Step, Legal Ward)
   - Child (Natural, Adopted, Foster, Step, Legal Ward)
   - Child (Natural, Adopted, Foster, Step, Legal Ward)

6. **Employee Signature**: ___________________________________________ Date: __________/________/________

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INSTRUCTIONS FOR THE NEW JERSEY EMPLOYEE DENTAL PLANS ENROLLMENT and/or CHANGE FORM

SECTION 1 – EMPLOYEE INFORMATION – Complete entire section. Indicate Marital Status as follows: S (Single), M (Married), CU (Civil Union), DP (Domestic Partner), D (Divorced), W (Widowed)

SECTION 2 – REASON FOR APPLICATION – Check one block only
- New Enrollment – New hire or HIPAA event
- Transfer – Active dental benefits coverage transferring from another SHBP/SEHBP location
- Open Enrollment – Annually in October
- Adding Dependents – Must be done within 60 days of event (i.e. birth, marriage, adoption – indicate reason and date)
- Deleting Dependents – Removal of covered dependents (indicate reason and date)
- Loss of Coverage – Enrolling because of loss of other coverage (application and HIPAA certificate submitted within 60 days of the loss of other coverage)
- Waiver of Coverage – Waive (decline) coverage
- Other (indicate reason and date)
- Reason – indicate reason
- Date of Event – indicate date

To waive (decline) coverage: If you wish to waive dental coverage under the provisions of N.J.S.A. 52:14-17.31a, check appropriate block. If you are waiving coverage for yourself or any or all of your eligible dependents because of other group health coverage, you may enroll in the future. You must provide proof of the loss of other coverage and submit it with your application within 60 days of the loss of other coverage. Otherwise, you will be required to wait until the annual Open Enrollment.

SECTION 3 – LEVEL OF COVERAGE – Indicate by checking the appropriate block
- Single – coverage for you only
- Parent/Child(ren) – coverage for you and any eligible child(ren) under age 26
- Member/Spouse/Civil Union – coverage for you and your spouse or your Civil Union Partner
- Member/Domestic Partner – coverage for you and your Domestic Partner
- Family – coverage for you, your eligible Spouse/Civil Union Partner/Domestic Partner, and child(ren) under age 26

SECTION 4 – DENTAL PLAN – Select only one plan. The Employee Dental Plans Member Guidebook provides you with all available options and is available on our website at: www.nj.gov/treasury/pensions If you enroll in a Dental Plan Organization (DPO), you must receive services from an in-network dentist in order to have your claims paid. You must select a participating dentist within the DPO, ensuring the dentist or facility takes new patients and participates with the Employee Dental Plans. If you enroll in the Dental Expense Plan (Aetna DEP), you may receive services from any dentist. You will be required to pay up-front for covered services until a deductible is met.

Note: After you enroll in a dental plan, you must remain enrolled for 12 months until you are permitted to terminate coverage.

SECTION 5 – DEPENDENT INFORMATION – List all eligible dependents and attach dependent documentation proof (see attached). If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. Ensure your dependents match your level of coverage (Section 4). Your child(ren) may be covered until the end of the calendar year they turn 26. Any dependents not listed will not be covered. Attach extra pages for additional dependents.

Note: Use Section 2 to delete dependents

SECTION 6 – EMPLOYEE SIGNATURE – Read, sign, date, and attach required dependent documentation. Return the application to your employer's human resources office for certification.

MISREPRESENTATION: Any person that knowingly provides false or misleading information is subject to criminal and civil penalties pursuant to N.J.S.A.17:33A-6c.

EMPLOYER CERTIFICATION – Must be completed by the Certifying Officer. The Certifying Officer’s signature confirms that:
- The employee is eligible;
- The application is legible and completed in its entirety;
- The employee’s selected plans and coverage levels are appropriate;
- The dependent documentation provided is complete and correct;
- The Employer Certification section is completed in its entirety; and
- The information presented is true to the best of their knowledge.

MAIL COMPLETED APPLICATION TO: New Jersey Division of Pensions & Benefits Health Benefits Bureau P.O. Box 299 Trenton, NJ 08625-0299
The State Health Benefits Program (SHBP) and School Employees’ Health Benefits Program (SEHBP) are required to ensure that only employees, retirees, and eligible dependents are receiving health care coverage under the Programs. The New Jersey Division of Pensions & Benefits (NJDBP) must guarantee consistent application of eligibility requirements within the Plans. Employees or retirees who enroll and/or change their status (e.g., employees who become covered or eligible dependents for coverage (spouses, civil union partners, domestic partners or children, disabled and/or overage children continuing coverage) MUST submit the following documentation in addition to the appropriate health benefits enrollment or change of status application. If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. ANY DEPENDENTS NOT LISTED ON THE APPLICATION WILL NOT BE COVERED.

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<td>A person to whom you are legally married.</td>
<td>A copy of the marriage certificate and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the spouse. If filing separately, submit a copy of both spouses’ tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both spouses and is received at the same address.</td>
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<tr>
<td>CIVIL UNION PARTNER</td>
<td>A person of the same sex with whom you have entered into a civil union.</td>
<td>A copy of the marriage certificate and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the partner. If filing separately, submit a copy of both partners’ tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both partners and is received at the same address.</td>
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<td>DOMESTIC PARTNER</td>
<td>A person of the same sex with whom you have entered into a domestic partnership. Under P.L. 2003, c. 246, the Domestic Partnership Act, health benefits coverage is available to domestic partners of State employees, State retirees, or employees or retirees of a SHBP or SEHBP participating local public entity that has adopted a resolution to provide Chapter 246 health benefits.</td>
<td>A copy of the New Jersey certificate of domestic partnership dated prior to February 19, 2007, or a valid certification from another State or foreign jurisdiction that recognizes same-sex domestic partners and a copy of the front page of the employee/retiree’s N.J. tax return* from last year that includes the partner. If filing separately, submit a copy of both partners’ NJ tax returns that list the same address. If Domestic Partnership occurred in the current calendar year, a copy of the tax return is not required. Or, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 days of the application) that includes the names of both partners and is received at the same address.</td>
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<td>CHILDREN</td>
<td>A subscriber’s child until age 26, regardless of the child’s marital, student, or financial dependency status—even if the young adult no longer lives with his or her parents. This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.</td>
<td>Natural or Adopted Child – A copy of the child’s birth certificate showing the name of the employee/retiree as a parent. Step Child – A copy of the child’s birth certificate showing the name of the employee/retiree’s spouse or partner as a parent and a copy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner. Legal Guardian, Grandchild, or Foster Child – Copies of final court orders, if tax return is not available, provide a copy of a bank statement or bill (dated within 90 days of the application) that includes the names of both parents and is received at the same address.</td>
</tr>
<tr>
<td>DEPENDENT CHILDREN WITH DISABILITIES</td>
<td>If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP/SEHBP; (2) the child continues to be disabled; (3) the child is unmarried or does not enter into a civil union or domestic partnership; and (4) the child remains substantially dependent on you for support and maintenance. You may be contacted periodically to verify that the child remains eligible for coverage.</td>
<td>Documentation for the appropriate “child” type (as noted above) and a copy of the front page of the employee/retiree’s federal tax return* (Form 1040) from last year that includes the child. If Social Security disability has been awarded, or is currently pending, please include this information with the documentation that is submitted. Please note that this information is only verifying the child’s eligibility as a dependent. The disability status of the child is determined through a separate process.</td>
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<tr>
<td>CONTINUED COVERAGE FOR OVERAGE CHILDREN</td>
<td>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of P.L. 2005, c. 375. This includes a child by blood or law who: (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.</td>
<td>Documentation for the appropriate “child” type (as noted above), and a copy of the front page of the child’s federal tax return* (Form 1040) from last year, and the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</td>
</tr>
</tbody>
</table>

*You may black out all financial information and all but the last four digits of any Social Security numbers on tax returns. To obtain copies of the documents listed above, contact the office of the town clerk in the city of the birth, marriage, etc., or visit these websites: www.vitalrec.com or www.studentclearinghouse.org Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration website: www.nj.gov/health/vital/index.shtml
New Jersey Division of Pensions and Benefits

ENROLLMENT APPLICATION

APPLICANT INFORMATION: (Please Print or Type and follow the instructions on page 2 of this form)

Select Pension Fund: (Check one)  □ Teachers' Pension and Annuity Fund  □ Public Employees' Retirement System

1. Name: __________________________________________________________________________
   Last  First (no nicknames)  Middle  Maiden Surname and Surname Used During Previous Membership

2. Address: __________________________________________________________________________
   Street  City  State  Zip Code

3. Social Security #: ___________________________________________________________________
4. Gender:  □ Male  □ Female

5. Date of Birth: ___/___/____  6. Daytime Phone: (_____) ______-________

7. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?
   □ Yes  □ No (If "Yes", please provide retirement system name) __________________________________________________________________________

EMPLOYER INFORMATION (Please Print or Type):

8. Employer Name: ____________________________________________________________________

9. Title/Position of Applicant: __________________________________________________________

10. County: ____________________________  11. Location #: ______  Bureau #: ______  Payroll #: ______
    If Applicable  State - Loc. - Only

12. Is the applicant currently employed by more than one public employer?  □ Yes  □ No
    (If "Yes", please provide name of employer(s)) __________________________________________________________________________

TO BE COMPLETED FOR TPAF APPLICATIONS ONLY

13 (a.) Date Employment Began: ___/___/_____  (Do not include temporary, substitute, or part-time service)

13 (b.) Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education?  □ Yes  □ No

13 (c.) Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education?  □ Yes  □ No

13 (d.) For NJ Department of Education Only: Is the position Unclassified Professional?  □ Yes  □ No

TO BE COMPLETED FOR PERS APPLICATIONS ONLY

14 (a.) Date Employment Began: ___/___/_____  14 (b.) Date of Regular or Permanent Appointment: ___/___/_____  15. Is applicant an elected official?  □ Yes  □ No

16. Is the applicant appointed by Special Resolution or Ordinance or by the Governor with Senate confirmation?  □ Yes  □ No

17. Has the applicant been awarded a professional services contract?  □ Yes  □ No

18. Current Annual Base Salary $ ________________  19. (Check one)  □ 10-Month Position  □ 12-Month Position

20. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to Ch.1, P.L. 2010?  □ Yes  □ No

EMPLOYER CERTIFICATION

21. Name of Employer Representative Completing Application: ________________________________

22. Phone Number: (_____) ______-________  Ext.: __________________________

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. (Two Signatures Required)

23. ________________________________  DATE: ___/___/____
    Signature of Certifying Officer  Print Name of Certifying Officer

24. ________________________________  DATE: ___/___/____
    Signature of Certifying Officer’s Supervisor  Print Name of Certifying Officer’s Supervisor

NOTE: IF THIS APPLICATION IS NOT SUBMITTED ON A TIMELY BASIS, A LATE EMPLOYER LIABILITY MAY BE ASSESSED.
ENROLLMENT APPLICATION INSTRUCTIONS
(This application to be completed by enrolling employer)

APPLICANT INFORMATION
1. Name — Enter applicant's full name (last, first, and middle initial; no nicknames). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. Address — Enter applicant's current mailing address.
3. Social Security Number — Enter applicant's Social Security number.
5. Date of Birth — Enter applicant's date of birth. Proof of age is required at the time of retirement - if available, attach a photocopy of the applicant's proof of age to this application. Do not delay submitting the Enrollment Application if proof of age is not available. (Acceptable proof of age documents include: Birth Certificate (with visible seal); a U.S. Passport Card; Naturalization or Immigration papers; a current NJ Driver License or Digital Non-driver ID Card from MVC; Military records indicating your age.)
6. Daytime Phone Number — Enter applicant's daytime phone number and extension (be sure to include the area code).
7. Is the applicant receiving retirement benefits — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

EMPLOYER INFORMATION
8. Employer Name — Enter the full employer name.
9. County — Enter county in which the employer resides.
10. Location, Bureau, and Payroll Numbers — Enter the appropriate location, bureau or payroll number, as applicable. This information should be as reported on your quarterly Report of Contributions (ROC).
11. Title/Position of Applicant — Enter title/position of applicant.
12. Multiple Public Employers — Indicate whether this applicant is employed by more than one public employer. If you answer "Yes", please indicate the full name of each employer.

TPAF APPLICANTS ONLY
13. (a.) Date Employment Began — Enter the date on which applicant started employment. Do not include temporary, substitute, or part-time service.
(b.) New Jersey Certificate Required — Indicate whether the title/position requires a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education.
(c.) Applicant has New Jersey Certificate — Indicate whether the applicant holds a New Jersey Certificate issued by the State Board of Examiners within the NJ Department of Education.
(d.) Unclassified Professional — For positions with the NJ Department of Education, indicate if the position is "Unclassified Professional".

PERS APPLICANTS ONLY
14. (a.) Date Employment Began — Enter the date on which applicant started employment.
(b.) Permanent Appointment Date — Enter the date of the applicant's regular or permanent appointment.
(c.) Temporary or Provisional — Indicate if the applicant is still considered a temporary or provisional employee.
15. Elected Official — Indicate whether the applicant is an elected official. On or after July 1, 2007, a newly elected official is ineligible for enrollment in the PERS. (See Fact Sheet #80.)
16. Appointed Official — Indicate whether the applicant is appointed. State appointees are individuals appointed by the Governor, including those requiring the advice and consent of the Senate. Local appointees are individuals appointed by the Governor, including those requiring the advice and consent of the Senate or individuals appointed in a similar manner by the governing body of a local entity (county, municipality, etc.). On or after 7/1/07, a newly appointed official who does not have an existing PERS account is ineligible for enrollment in the PERS. (See Fact Sheet #80.)
17. Professional Services Contract — Indicate whether the individual is working under a professional services contract or providing professional services without benefit of a contract.

18. Base Salary — Enter the annual base salary for the year, that is, the annual salary paid to the employee on the date the Enrollment Application is certified by the employer. Base salary is the contractual salary of the employee. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.
19. 10-12 Month Position — Please indicate whether the position is a 10-month or 12-month position.
20. Hours Worked — Indicate whether the applicant works the requisite number of hours. To be eligible for TPAF or PERS membership, the hours worked by an employee enrolled after May 21, 2010, must be fixed at 35 hours or more per week for State employees to be enrolled in the PERS; 32 hours or more per week for Local Government employees to be enrolled in the PERS; or 32 hours or more per week for State or Local Education employees to be enrolled in the TPAF.

EMPLOYER CERTIFICATION
21. Name of Employer Representative Completing Application — Print the name of the human resources representative or other employer representative who completes this Enrollment Application for the applicant.
22. Phone Number — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
23. Certifying Officer — The Certifying Officer must sign their name, print their name, and date this application. Unsigned applications will be returned.
24. Certifying Officer's Supervisor — The Certifying Officer's Supervisor must sign their name, print their name, and date this application. Unsigned applications will be returned.

Please Note: The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members should register with the Member Benefits Online System (MBOS) to update their beneficiary information using the online Designation of Beneficiary application.
NEW JERSEY DEFINED CONTRIBUTION RETIREMENT PROGRAM

ENROLLMENT APPLICATION
FOR ELECTED OR APPOINTED OFFICIALS
(Please follow the instructions on page 2 of this form)

DO NOT WRITE IN THIS BOX
LOCATION NO. IDENTIFICATION NO.

APPLICANT INFORMATION: (Please Print or Type)

1. Name: ___________________________ ___________________________ ___________________________
   First (no nicknames) Middle Last

2. Social Security Number: ___________________________ 3. Date of Birth: __/__/____

4. Gender: ☐ Male ☐ Female 5. Daytime Phone: (___) _______—__________

6. Address: ___________________________ ___________________________ ___________________________
   Street City State Zip Code

7. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?
   ☐ Yes ☐ No (If "Yes", please provide retirement system name)

EMPLOYER INFORMATION (Please Print or Type):

8. Employer Name: ___________________________

9. County: ___________________________

10. PERS or TPAF Location #: ___________________________ Payroll #: ___________________________ State Loc Only

11. Date Elected or Appointed Service commenced: __/__/____

12. Current Annual Base Salary $ __________________

13. Title/Position of Applicant: ___________________________

14. Is the applicant an Elected Official? ☐ Yes ☐ No

15. Is the applicant appointed by Special Resolution or Ordinance or by the Governor of New Jersey, as described in N.J.S.A. 43:15C-2? ☐ Yes ☐ No

EMPLOYER CERTIFICATION

16. Phone Number: (___) _______—_________ Ext.: ______________

17. I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. (Two Signatures Required)

__________________________ ___________________________
Signature of Certifying Officer Title Date

__________________________ ___________________________
Signature of Certifying Officer's Supervisor Title Date

NOTE: SEE INSTRUCTIONS FOR BENEFICIARY DESIGNATION INFORMATION

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ENROLLMENT APPLICATION INSTRUCTIONS
FOR ELECTED OR APPOINTED OFFICIALS
(This application to be completed by the enrolling employer)

APPLICANT INFORMATION
1. Name — Enter applicant's full name (first, middle initial, and last name).
2. Social Security Number — Enter applicant’s Social Security number.
3. Date of Birth — Enter applicant's date of birth. Proof of age is required at the time of retirement - if available, attach a photocopy of the applicant's proof of age to this application. **Do not delay submitting the Enrollment Application if proof of age is not available.** (Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; or certain other records, including baptismal records, military records, census records, school or business records, age recorded on marriage licenses, and insurance or children's birth records.)
5. Daytime Phone Number — Enter applicant's daytime phone number and extension (be sure to include the area code).
6. Address — Enter applicant's current mailing address.
7. Is the applicant receiving retirement benefits — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

EMPLOYER INFORMATION
8. Employer Name — Enter the full employer name.
9. County — Enter county in which the employer is located.
10. Location and Payroll Numbers — Enter the appropriate location or payroll number, as applicable.
11. Date Elected or Appointed Service Commenced — Enter the date on which applicant began service in the elected or appointed position.
12. Current Annual Base Salary — Enter the annual base salary for the year, that is, the annual salary paid to the elected or appointed official on the date the Enrollment Application is certified by the employer. Base salary is the contractual salary of the official. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.
13. Title/Position of Applicant — Enter official title/position of applicant.
14. Elected Official — Indicate if the applicant is an Elected Official of the State of New Jersey or of a political subdivision thereof.
15. Appointed Position — Indicate if the applicant is appointed by Special Resolution or Ordinance or by the Governor of New Jersey, as described in N.J.S.A. 43:15C-2.

EMPLOYER CERTIFICATION
16. Phone Number — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
17. Signature — The Certifying Officer and the Certifying Officer’s Supervisor must sign and date this application. Unsigned applications will be returned.

BENEFICIARY DESIGNATION
The newly enrolled member’s estate will automatically be designated as the beneficiary for any death benefit payable. New members who wish to name a specific beneficiary should submit a Designation of Beneficiary using the Member Benefits Online System (MBOS) — go to www.state.nj.us/treasury/pensions/mbosregister.shtml for details; or submit a Designation of Beneficiary form to the Division of Pensions and Benefits.
University Hospital
is an Affirmative Action / Equal Opportunity Employer.

Employment is offered without regard to race, color, ethnicity, religion, gender, national origin, sexual orientation, physical or mental ability, age or any other categorization protected by law.