

LINDEN BOARD OF EDUCATION

BENEFITS ENROLLMENT/CHANGE REQUEST

A. EMPLOYEE INFORMATION		CHANGE: <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Other	
Last Name	First Name	M.I.	
Social Security #	Date of Birth	M <input type="checkbox"/> F <input type="checkbox"/>	
Home Address	Apt.	City, State	Zip Code
Phone	E-mail		
Date of Hire	Effective Date		
B. COVERAGE TYPE			
AETNA Medical and Rx <input type="checkbox"/>		<input type="checkbox"/> Single <input type="checkbox"/> 2 Adults <input type="checkbox"/> Parent/Child <input type="checkbox"/> Family	
DELTA Dental <input type="checkbox"/>		<input type="checkbox"/> Single <input type="checkbox"/> 2 Adults <input type="checkbox"/> Parent/Child <input type="checkbox"/> Family	
C. PLAN OPTION			
MEDICAL <input type="checkbox"/> DA10 <input type="checkbox"/> DA15 <input type="checkbox"/> EPO <input type="checkbox"/> EHP <input type="checkbox"/> Hybrid: EHP w/ DA15 Rx <input type="checkbox"/> GSHP <input type="checkbox"/> HSA <input type="checkbox"/> OMNIA			
DENTAL <input type="checkbox"/> Delta Dental PPO Plus Premier			
D. INDIVIDUALS COVERED <i>List individuals for whom you are adding/changing/removing coverage</i>			
	Last Name, First Name	Social Security #	Sex M <input type="checkbox"/> F <input type="checkbox"/>
			Other Coverage <input type="checkbox"/> Yes
SPOUSE <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			<input type="checkbox"/> Yes
CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			<input type="checkbox"/> Yes
CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			<input type="checkbox"/> Yes
CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			<input type="checkbox"/> Yes
CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			<input type="checkbox"/> Yes
CHILD <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			<input type="checkbox"/> Yes
<input type="checkbox"/> <i>Additional Dependents, if so please add on the back of this page</i>			
E. DEPENDENT INFORMATION			
Does any dependent in Section D live at a different address than the employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide:			
Name:		Address:	
Name:		Address:	
Name:		Address:	
If last name is different from the Employee's, please explain:			
F. EMPLOYEE SIGNATURE			
I represent that all the information supplied in this application is true and complete.			
Signature: _____		Date: _____	
G. EMPLOYER VERIFICATION			
The requested activity is believed eligible and is approved by the Employer.			
Signature: _____		Date: _____	
Title: Benefits Coordinator			

Please email completed form to tragonese-carlson@lindenps.org by June 15, 2022.

REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY VERIFICATION & ENROLLMENT

The Linden Public School District is required to ensure that only employees and their eligible children, and eligible dependents are receiving health care coverage under the programs. As a result, the Linden Public Schools must guarantee consistent application of eligibility requirements within the plans. Employees who enroll children or dependents for coverage (spouses – same & opposite sex, civil union partners, children, disabled and/or over age children continuing coverage) must submit the following documentation in addition to the appropriate health benefits enrollment or change of status application.

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
SPOUSE	A person to whom you are legally married.	<ul style="list-style-type: none"> A photocopy of the Marriage Certificate and A photocopy of the front page / top half of the employee's most recently filed federal tax return* (Form 1040) that includes the spouse.
CIVIL UNION PARTNER	A person of the same sex with whom you have entered into a civil union.	<ul style="list-style-type: none"> A photocopy of the New Jersey Civil Union Certificate or a valid certification from another jurisdiction that recognizes same-sex civil unions and A photocopy of the front page of the employee's most recently filed NJ tax return* that includes the partner or a photocopy of a recent (within 90 days of application) bank statement or bill that includes the names of both partner's and is received at the same address.
CHILDREN	<p>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.</p> <p>This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.</p>	<ul style="list-style-type: none"> Natural or Adopted Child – A photocopy of the child's birth certificate showing the name of the employee as a parent. Step Child – A photocopy of the child's birth certificate showing the name of the employee's spouse or partner as a parent and a photocopy of the marriage/partnership certificate showing the names of the employee and spouse/partner. Legal Guardian, Grandchild, or Foster Child – Photocopies of Final Court Orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the covered employee.
DEPENDENT CHILDREN WITH DISABILITIES	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 under the Linden plans, and (2) the child continues to be disabled, and (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 will be contacted periodically to verify that the child remains eligible for continued coverage.	<ul style="list-style-type: none"> Documentation for the appropriate "Child" type as noted on page 1 and a photocopy of the front page of the employee's most recently filed federal tax return* (Form 1040) 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. <p>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.</p>

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

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

REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY VERIFICATION & ENROLLMENT

The Linden Public School District is required to ensure that only employees and their eligible children, and eligible dependents are receiving health care coverage under the programs. As a result, the Linden Public Schools must guarantee consistent application of eligibility requirements within the plans. Employees who enroll children or dependents for coverage (spouses – same & opposite sex, civil union partners, children, disabled and/or over age children continuing coverage) must submit the following documentation in addition to the appropriate health benefits enrollment or change of status application.

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
CONTINUED COVERAGE FOR OVER AGE CHILDREN	<p>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of Chapter 375, P.L. 2005.</p> <p>This includes a child by blood or law who:</p> <ul style="list-style-type: none">• Is under the age of 31;• Is unmarried or not a partner in a civil union or domestic partnership;• Has no dependent(s) of his or her own;• 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• Is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or health benefits plan, or entitled to benefits under Medicare.	<ul style="list-style-type: none">• Documentation for the appropriate “Child” type as noted on page 1 and a photocopy of the front page of the child’s most recently filed federal tax return* (Form 1040), and if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.

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

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

PLEASE SUBMIT ALL REQUIRED DEPENDENT DOCUMENTATION WITH YOUR ENROLLMENT FORMS.