BENECARD®

Dependents to Age 31 Enrollment Form

A. Client & Employee Information

Client Name: _____ Client ID # _____

Employee Name: _____ Employee Benecard ID # _____

B: Type of Activity (See Important Explanatory Information Below) Check all that apply

Date of Event:

____/____ / _____

Change:

☐ Add overage dependent younger than 31

☐ Remove overage dependent younger than 31

☐ Annual Renewal

Reason(s):

Continuation of Coverage pursuant to P.L. 2005, c. 375

Coverage is being affected:

☐ During an Open Enrollment/Annual Renewal

☐ Within 30 days after eligibility for other reasons

☐ Within 30 Days prior to attainment of limiting age

☐ Within 60 days of receiving annual renewal notice

C. Overage Dependent Information

Name: _____ _____ ___

Last First MI

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Sex: ☐ F ☐ M Birthdate: _____ SS#: _____

D. Certification of Eligibility of Overage Dependent under NJ Chapter 375

An adult child may request to continue as a dependent on his or her parent's coverage even after the child reaches the limiting age under the terms of the policy if the adult child:

- is not yet 31 years old
- is unmarried
- has no children
- lives in New Jersey, or if not a New Jersey resident, is a full-time student at an accredited institution of higher ed.
- is not eligible for Medicare and is not actually covered under another group or individual health plan

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

- within 30 days of the dependent reaching the age limit
- within 30 days of the dependent becoming eligible for a reason other than reaching the limiting age (for example, the adult child becomes a full-time student in another state, or returns to live in New Jersey after residing elsewhere)
- during the open enrollment period for the group of which the parent is a member.

E. Monthly Program Cost and Payment Information

Completed enrollment forms, along with first month's payment should be submitted to the member's employer who will forward it to Benecard after certifying/signing the form.
Enrollment requests received directly from employee or dependent or that are not accompanied by the first month's payment will not be processed. Benecard will mail invoices for subsequent payments. Please contact at Benecard Services directly at 973-574-2478 to obtain your current monthly payment.*

Mail Payment to Benecard Services, LLC, 1200 Rt. 46 West, Clifton, NJ 07013

**The current rate is subject to change as it is based on the clients current rate.*

Signature attesting to the certification of the information listed above in section D.

Employee: _____ _____

Signature Date

Dependent: _____ _____

Signature Date

_____ _____ _____

Signature of Client Representative Title Date

rev.2/15

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Alternate ID # (to be provided by Benecard)