

**State of New Jersey – Division of Pensions and Benefits
New Jersey State Health Benefits Program
PO Box 299, Trenton, New Jersey 08625-0299**

Affidavit of Dependency

Name of Employee _____

Social Security # _____

Name of Employer–Location # _____

To enable the Division of Pensions and Benefits to determine the eligibility of the dependent child(ren) listed on my Health Benefits application for coverage in the New Jersey State Health Benefits Program, I state the following with respect to the child(ren) listed below:

RELATIONSHIP <i>(check one)</i>	RESIDENCE <i>(check one)</i>	FINANCIAL SUPPORT <i>(check one)</i>
<input type="checkbox"/> my child(ren) <input type="checkbox"/> my stepchild(ren) <input type="checkbox"/> Other _____ <small>Legal documentation required with affidavit</small>	<input type="checkbox"/> live(s) with me <input type="checkbox"/> do(es) not live with me <small>Legal documentation required with affidavit</small> <input type="checkbox"/> Other _____ <small>Legal documentation required with affidavit</small>	<input type="checkbox"/> substantially dependent on me for support and maintenance <input type="checkbox"/> not substantially dependent on me for support and maintenance

Name(s) of Child(ren)

Please Print

Last Name	First Name	Date of Birth Month-date-year	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the statement and information submitted above is correct.

_____	_____
<i>Print Full Name</i>	<i>Date</i>
_____	_____
<i>Address</i>	<i>Work Phone #</i>

<i>Signature (must be the same name as printed above)</i>	

State of _____, County of _____,

Sworn and subscribed before me this _____ day of _____,

My Commission expires _____,

Signature of Notary Public _____

Official Title _____

Affidavit of Dependency Instructions

When must an Affidavit of Dependency be filed?

- For all stepchildren (must live with the employee), foster children, guardianship cases (including grandchildren, nieces, nephews, etc.) and wards when first listed for coverage.
- When the last name of the child differs from the last name of the employee.
- On parent-child(ren) contracts when the employee is divorced or single.

When must legal papers or court documentation be provided with the Affidavit of Dependency?

- For all adopted children, foster children, guardianship cases and wards.
- When the dependent child(ren) does (do) not live with the employee.

What constitutes acceptable documentation?

- A copy of the court decree that establishes the relationship between the employee and the dependent. In the case of a divorce, the copy need only contain those pages of the decree that identify the court, the employee and the dependent, the requirement for support, and the signature page.
- A copy of the custody agreement (the document placing the child in your home) from the placement agency.

What should I do with this form?

- If your situation requires an Affidavit of Dependency, complete the form and have your signature notarized.
- If legal documentation is required, attach a copy to the completed Affidavit.
- If you are an active employee, deliver the Affidavit and any legal documentation **to your employer**. If you are a retiree or on COBRA, return the form to the Division of Pensions and Benefits at the following address:

State of New Jersey
Division of Pensions and Benefits
Health Benefits Bureau
PO Box 299
Trenton, NJ 08625-0299