

Family Status Changes — Employees

All Funds

A family status change is a personal event that can have an impact on many aspects of your employee benefits (pension, life insurance, health insurance, etc.). Use this fact sheet as a guide to updating information pertaining to your pension and benefits for the following family status changes:

- Marriage, civil union, or domestic partnership;
- Addition of a newborn child, adopted child, stepchild, foster child, or legal ward to your family;
- Divorce or dissolution of a civil union or domestic partnership; or
- Death of a family member.

UPDATING PERSONAL INFORMATION

Notifying Your Employer

In the event of a family status change, you should immediately update your personnel records with your human resources representative or benefits administrator. This is also a good time to confirm your address and phone number with your employer. Your human resources representative or benefits administrator can also provide you with any necessary applications for changing your pension and group life insurance beneficiary, and/or health benefits coverage.

Name Change

To change your name on your pension account, write a cover letter stating your former name, new name, and last four digits of your Social Security number. Send the letter along with a **photocopy** of your marriage certificate or other legal documentation showing the name change to:

**Optical Disk
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295**

Address Change

Notify your employer of any change to your address. For members of the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP), you must report your address change by calling the Office of Client Services at (609) 292-7524 or writing to:

**Health Benefits Bureau
PO Box 299
Trenton, NJ 08625-0299**

There is normally no need for employees to inform the Division of an address change for other than health benefits purposes. However, if you have recently applied for retirement or another benefit and have not yet received it, you should write to the section of the Division that is processing your benefit to advise them that your address has changed since you filed your application.

PENSION AND GROUP LIFE INSURANCE BENEFICIARY DESIGNATION

To update your beneficiary information for pension and/or group life insurance, you must use the Member Benefits Online System (MBOS). MBOS is a set of internet-based applications that allow registered members access to information about their pension. Register with MBOS at: www.nj.gov/treasury/pensions (select "Register for MBOS"). Paper forms are no longer accepted for updating beneficiary information. Only the following pension systems accept paper applications:

- **Alternate Benefit Program (ABP) Members:** You should complete a *Designation of Beneficiary* form to update your life insurance beneficiary; you can obtain this from our Web site at: www.nj.gov/treasury/pensions To change the beneficiary on your retirement investment, contact your chosen investment carrier(s). Your campus human resource office can provide information about contacting your investment carrier(s).
- **Deferred Compensation Plan or Supplemental Annuity Collective Trust (SACT) Members:** Changing your pension and insurance beneficiary will not automatically change your Deferred Compensation Plan or SACT beneficiary. If you are a member of the Deferred Compensation Plan and/or SACT and wish to change your beneficiary, a separate *Deferred Compensation* or *SACT Beneficiary Designation* form must be completed. To obtain a form, contact the Deferred Compensation Plan at **1-866-NJSEDCP** or SACT at **(609) 292-7524**.

FAMILY STATUS CHANGES FOR HEALTH BENEFITS PROGRAM MEMBERS

When a family status change occurs, you are responsible for notifying your employer to update your health benefits coverage information. You should see your human resources representative or benefits administrator to obtain a *Health Benefits Application*.

If you are a member of the **Employee Prescription Drug Plan**, you may also update your information for prescription coverage on the same *Health Benefits Application* used for your medical plan coverage.

If you are an employee enrolled in the **Employee Group Dental Plans**, your employer will provide a separate *Employee Dental Plans Application*.

You are required to submit supporting documentation of your family status change, such as a photocopy of your marriage license or child's birth certificate, in addition to the *Health Benefits Application*. For more information see your employer or visit our Web site at: www.nj.gov/treasury/pensions **You must return your completed application and required documentation to your human resources representative or benefits administrator for processing.**

For an **adopted child, stepchild, foster child, or legal ward**, additional supporting legal documentation is required to attest to the legal guardianship by the covered employee.

When Health Benefits Eligibility Begins

If you wish to add a dependent to your medical, prescription, or dental coverage as a result of a change in family status, you must submit the application(s) through your employer **within 60 days of the event** (marriage, birth, adoption, etc.). For your **spouse, civil union partner, newborn child, adopted child, stepchild, foster child, or legal ward, coverage begins as follows:**

- If you are a State biweekly employee (paid through the State's Centralized Payroll), your dependent's coverage will be retroactive to the first day of the pay period in which the event occurred.
- If you are a Local Government, Local Education, or State monthly employee, your dependent's coverage begins retroactive to the date of the event.

A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

If you do not add your additional dependent(s) within 60 days of your family status change, you will be permitted to add the dependent(s) only during the annual SHBP/SEHBP Open Enrollment period (if your dependent is covered under another employer provided health plan and is subsequently dropped from that health plan, you may enroll the dependent under your SHBP/SEHBP coverage within 60 days of the loss of this coverage. Proof of prior coverage is required).

When Health Benefits Coverage Ends

To *remove* a dependent from your health coverage as a result of a change in family status, such as the **death of a dependent family member, divorce, or dissolution of a civil union or domestic partnership**, you must submit a *Health Benefits Application* through your employer to delete the dependent. The dependent's coverage will be terminated upon the timely receipt of the application by the Health Benefits Bureau.

Over Age Dependent Children: Health benefits coverage for dependent children also ends on December 31 of the year in which they reach the age of 26.* An over age dependent will be automatically deleted from your coverage.

Coverage for Over Age Children Until Age 31

P.L. 2005, c. 375, provides for medical and/or prescription drug coverage for an over age child by blood or law who: is under the age of 31; is unmarried; has no dependent(s) of his or her own; is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and 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.

Under Chapter 375, an over age child does not have any choice in the selection of benefits and is enrolled in the same plan or plans (medical and/or prescription drug) that the covered parent has selected. The covered parent is responsible for the entire cost of coverage. There is no provision for eligibility for dental or vision benefits. For more information, see Fact Sheet #74, *Health Benefits Coverage of Children Until Age 31*.

Continued Coverage Under COBRA

If your spouse/partner or a child is no longer eligible for health benefits under your coverage due to divorce, dissolution of a civil union, or other ineligibility, your former dependent is entitled to continue participation in the SHBP/SEHBP under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Your former dependent may purchase COBRA coverage to continue his or her health benefits for periods up to 36 months. See also Fact Sheet #30, *The Continuation of Health Benefits Insurance Under COBRA*.

For more detailed information about your health coverage, including COBRA benefits, visit our Web site at: www.nj.gov/treasury/pensions/health-benefits.shtml

*An over age child may be eligible for continued dependent coverage if disabled. See Fact Sheet #51, *Continuing Health Benefits Coverage for Children with Disabilities* for more information.

DIVORCE, DISSOLUTION OF A CIVIL UNION OR DOMESTIC PARTNERSHIP

In cases of **divorce or dissolution of a civil union or domestic partnership**, you, your former spouse or partner, and your respective attorneys or other authorized legal representatives have the right to obtain information about your benefits and how they are determined. Requests for additional information on Qualified Domestic Relations Orders and how they relate specifically to your employee benefits may be submitted in writing to the:

**Legislative/Legal Affairs Unit
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295**

Fact Sheet #42, *Divorce, Dissolution of a Civil Union and Your Retirement Benefits*, can be obtained by contacting the Office of Client Services at (609) 292-7524, or view the fact sheet online at: www.nj.gov/treasury/pensions

For **Deferred Compensation Plan members**, Fact Sheet #9, *Divorce and Your Deferred Compensation Plan Account*, is available. To obtain this fact sheet you may contact the New Jersey State Employees Deferred Compensation Plan at (609) 292-3605, or view the fact sheet online at: www.nj.gov/treasury/pensions

This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295
(609) 292-7524 • For the hearing impaired: TRS 711 (609) 292-6683
URL: <http://www.nj.gov/treasury/pensions> • E-mail: pensions.nj@treas.nj.gov**

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