



Health Net of the Northeast, Inc.
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Dear Member:

The State of New Jersey has enacted legislation that gives eligible dependents who have reached the standard limiting age of their medical policy the option to continue coverage until age 30. This change in dependent eligibility is effective for group medical plans issued or renewed on or after May 12, 2006, or certain dependents who met the limiting age prior to May 12, 2006. Should you choose to enroll a dependent who is eligible for this extended coverage, please do the following:

1. Complete the attached standard New Jersey enrollment form. To avoid delays, provide all requested information.
2. Complete the attached supplemental information form. To avoid delays, provide all requested information.
3. Obtain the appropriate group number from your benefits administrator to list on the supplemental information form.
4. Check the billing box on the supplemental information form that indicates “direct bill dependent” and add billing address.
5. Submit both forms to your employer.

Eligible dependents will be enrolled as an individual and billed directly rather than through a payroll deduction. This is why it’s important to select that box on the supplemental information form.

In addition, charges incurred by the dependent are separated from those charges incurred by other members of the family covered on the policy. Therefore, the dependent’s covered charges **do not** apply toward meeting the following:

- Family deductible
- Maximum Out-of-Pocket (MOOP)
- Other cost-sharing requirements or limitations applicable to other family members as a unit

Instead, the dependent’s covered charges are applied toward meeting a deductible, MOOP or other cost-sharing requirements and limitations as if the dependent had single coverage under the group contract.

Once enrolling under this option, we will provide your dependent with an ID card with a unique identification number.

If you have any questions regarding how to enroll, contact your group administrator. For questions regarding dependent eligibility, refer to page 2 of the supplemental information form.



Health Net[®] Temporary HINT Supplemental Enrollment Information Form
 Implementing P.L. 2005, c. 375

A. Group & Employee Information

Group Name: _____
 Group Number: _____
 Employee Name: _____
 Employee ID Number: _____

B. Type of Activity (see Important Explanatory Information below)

Date of Event _____ Change – Check all that apply

 Add dependent over the limiting age, but less than 30
 Remove dependent over the limiting age, but less than 30
 Reason(s): _____

_____/_____/_____
 Continuation of Coverage pursuant to P.L. 2005, c. 375
 Coverage is being effected: During an Open Enrollment
 Within 30 days prior to attainment of limiting age
 Within 30 days after eligibility for other reasons
 During special 12-month enrollment
 Billing: Employee payroll deduction (w/ employer consent)
 Direct bill dependent (add billing address):

C. Over-age Dependent Information

Name (last, first, MI): _____ Sex: M F
 Birthdate: (MM, DD, YY) ____/____/____ SSN: _____
 Other Health Coverage: Yes No Other Rx Drug Coverage: Yes No
 Primary Office ID Number: _____ Ob/Gyn Office ID Number: _____
 Current Patient: Yes No Current Patient: Yes No N/A
 Previous Coverage: Yes No If yes, provide the following information AND submit a copy of the
 certificate of Creditable Coverage that was issued by the previous carrier, if available:
 Effective date of prior coverage: ____/____/____
 Termination date of prior coverage: ____/____/____
 Name of prior carrier: _____
 Prior plan number: _____

D. Signature

_____ Employee	_____ Dependent
_____ Date	_____ Date

Employer Consent to Payroll Deduction: Yes No

Name & Title _____ Date

IMPORTANT EXPLANATORY INFORMATION

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 30 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 education
- 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:

- when he or she first reaches the limiting age
- when he or she first becomes 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), or
- during the open enrollment period for the group of which the parent is a member.

In addition, adult children who reached the limiting age under the parent's coverage prior to May 12, 2006 may make an enrollment request at any time from May 12, 2006 through May 11, 2007. The adult child or covered employee may be required to pay up to 102% of the cost of the dependent premium.