



Horizon Blue Cross Blue Shield of New Jersey

Attn: Large and Mid-Size Group Enrollment
Horizon Blue Cross Blue Shield of NJ
PO Box 10168
Newark, NJ 07101-3168
www.HorizonBlue.com

Dependents to Age 30 Enrollment Form

A. Group & Employee Information

Group Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

B. Type of Activity (See Important Explanatory Information on back) Check all that apply

Date of Event Change:

\_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] 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 affected:

- [ ] During an Open Enrollment
[ ] Within 30 days after eligibility for other reasons
[ ] Within 30 days prior to attainment of limiting age
[ ] During special 12-month enrollment

Billing:

[ ] Direct bill dependent (add billing address):
\_\_\_\_\_
\_\_\_\_\_

C. Over-age Dependent Information

Name: \_\_\_\_\_
Last First MI

Sex: [ ] M [ ] F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_
MM DD YY

Other Health Coverage: [ ] Yes [ ] No Other Rx Drug Coverage: [ ] Yes [ ] No

Primary Ofc ID #: \_\_\_\_\_ Ob/Gyn Ofc ID #: \_\_\_\_\_

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 #: \_\_\_\_\_

D. Signature

Employee \_\_\_\_\_

Dependent \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer 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 reach 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.