

Required Documentation for SHBP/SEHBP Dependent Eligibility

Dependents	Eligibility Definition	Documentation Required
Spouse	A member of the opposite sex to whom you are legally married.	<ul style="list-style-type: none"> ➤ Photocopy of marriage certificate and ➤ A copy of the top half of the front page of the employees' most recently filed federal tax return that includes this spouse (you may black out all financial information).
Civil Union Partner	A person of the same sex with whom you have entered into a civil union.	<ul style="list-style-type: none"> ➤ Photocopy of the <i>New Jersey Civil Union Certificate</i> or a valid certification from another jurisdiction that recognizes same-sex civil unions and ➤ A copy of a recent (within 90 days of application) bank statement or bill that includes both partner's names received at the same address.
Domestic Partner (DP)	A person of the same sex with whom you have entered into a domestic partnership as defined under Chapter 246, P.L. 2003, the Domestic Partnership Act. The domestic partner of any State employee, State retiree, or any eligible employee or retiree of a SHBP/SEHBP participating local public entity, who adopts a resolution to provide Chapter 246 health benefits, is eligible for coverage.	<ul style="list-style-type: none"> ➤ Photocopy of the <i>New Jersey Certificate of Domestic Partnership</i> dated prior to February 19, 2007 or a valid certification from another State of foreign jurisdiction that recognizes same-sex domestic partners and ➤ A copy of a recent (within 90 days of application) bank statement or bill that includes both partner's names received at the same address.
Children	<p>Refers to your unmarried children under age 23 who:</p> <ul style="list-style-type: none"> ➤ Live with you in a regular parent-child relationship; ➤ Are away at school; or ➤ Are divorced children living at home provided that they are dependent upon you for support and maintenance <p>If you are a single parent, divorced, or legally separated, your children who do not live with you are eligible if you are legally required to support those children. Stepchildren, foster children, legally adopted children, and children in a guardian-ward relationship are also eligible provided they live with you, are under the age of 23 and are substantially dependent upon you for support and maintenance.</p>	<ul style="list-style-type: none"> ➤ Natural Child – Photocopy of birth certificate showing employee's name. ➤ Step Child – Photocopy of birth certificate showing employee's spouse/partner's name; and a copy of marriage/partnership certificate showing the employee and parent's name ➤ Legal Guardian, Adoption, Grandchild(ren), or Foster Child(ren) – Photocopy of Affidavits of Dependency, Final Court Order with presiding judge's signature and seal, or Adoption Final Decree with presiding judge's signature and seal.

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<p>Dependent Children with Disabilities</p>	<p>If a covered child is not capable of self-support when he or she reaches age 23 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP/SEHBP, and (2) the child continues to be disabled, and (3) the child is unmarried or does not enter into a civil union or domestic partnership, and (4) the child remains dependent on you for support and maintenance. You will be contacted periodically to verify that the child remains eligible for continued coverage.</p>	<ul style="list-style-type: none"> ➤ Photocopy of Social Security disability award (if a disability ruling by Social Security is pending, include a current copy of the application for disability) and ➤ Federal Tax Return for year just filed.
<p>Continued Coverage for Over Age Children</p>	<p>Certain dependent children may be eligible for continued coverage under the provisions of Chapter 375, P.L. 2005.</p> <p>This includes a child by blood or law who:</p> <ul style="list-style-type: none"> ➤ is under the age of 31; ➤ is unmarried or not a partner in a civil union or domestic partnership; ➤ has no dependent(s) of his or her own; ➤ is a resident of New Jersey or is a student at an accredited public or private institution of higher education, with at least 15 hours; and ➤ is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Medicare. 	<ul style="list-style-type: none"> ➤ Over age child's Federal Tax Return for year just filed and ➤ If the child resides outside of the State of New Jersey, documentation of full-time student status must be received.