



**Health Net<sup>®</sup> 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.