

**State of New Jersey – Division of Pensions and Benefits  
New Jersey State Health Benefits Program  
PO Box 299, Trenton, New Jersey 08625-0299**

**Affidavit of Dependency**

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Name of Employer–Location #

To enable the Division of Pensions and Benefits to determine the eligibility of the dependent child(ren) listed on my Health Benefits application for coverage in the New Jersey State Health Benefits Program, I state the following with respect to the child(ren) listed below:

<b>RELATIONSHIP</b> <i>(check one)</i>	<b>RESIDENCE</b> <i>(check one)</i>	<b>FINANCIAL SUPPORT</b> <i>(check one)</i>
<input type="checkbox"/> my child(ren) <input type="checkbox"/> my stepchild(ren) <input type="checkbox"/> Other _____  <small>Legal documentation required with affidavit</small>	<input type="checkbox"/> live(s) with me <input type="checkbox"/> do(es) not live with me <small>Legal documentation required with affidavit</small> <input type="checkbox"/> Other _____  <small>Legal documentation required with affidavit</small>	<input type="checkbox"/> substantially dependent on me for support and maintenance <input type="checkbox"/> not substantially dependent on me for support and maintenance

**Name(s) of Child(ren)**

*Please Print*

Last Name	First Name	Date of Birth Month-date-year	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I certify that the statement and information submitted above is correct.**

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Work Phone #*

\_\_\_\_\_  
*Signature (must be the same name as printed above)*

State of \_\_\_\_\_, County of \_\_\_\_\_,

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

My Commission expires \_\_\_\_\_,

Signature of Notary Public \_\_\_\_\_

Official Title \_\_\_\_\_

## Affidavit of Dependency Instructions

### When must an Affidavit of Dependency be filed?

- For all stepchildren (must live with the employee), foster children, guardianship cases (including grandchildren, nieces, nephews, etc.) and wards when first listed for coverage.
- For newly adopted children when added to existing employee coverage.
- When the last name of the child differs from the last name of the employee.
- On parent-child(ren) contracts when the employee is divorced or single.

### When must legal papers or court documentation be provided with the Affidavit of Dependency?

- For all adopted children, foster children, guardianship cases and wards.
- When the dependent child(ren) does (do) not live with the employee.

### What constitutes acceptable documentation?

- A copy of the court decree that establishes the relationship between the employee and the dependent. In the case of a divorce, the copy need only contain those pages of the decree that identify the court, the employee and the dependent, the requirement for support, and the signature page.
- A copy of the custody agreement (the document placing the child in your home) from the placement agency.

### What should I do with this form?

- If your situation requires an Affidavit of Dependency, complete the form and have your signature notarized.
- If legal documentation is required, attach a copy to the completed Affidavit.
- If you are an active employee, deliver the Affidavit and any legal documentation **to your employer**. If you are a retiree or on COBRA, return the form to the Division of Pensions and Benefits at the following address:

State of New Jersey  
Division of Pensions and Benefits  
Health Benefits Bureau  
PO Box 299  
Trenton, NJ 08625-0299