

**INSURANCE  
NEW JERSEY SMALL EMPLOYER HEALTH BENEFITS PROGRAM BOARD**

**Small Employer Health Benefits Program  
Civil Unions**

**Adopted Amendments: N.J.A.C. 11:21-1.2 and Appendix Exhibits A, F, G, V, W, Y, HH and II.**

Proposed: March 5, 2008 (see 40 NJR 1746(a))

Adopted: April 24, 2008 by the New Jersey Small Employer Health Benefits Program Board, Ellen DeRosa, Deputy Executive Director.

Filed: April 24, 2008 as R. 2008 d. \_\_\_\_\_, **without change.**

Authority: N.J.S.A. 17B:27A-17 et seq.

Effective Date: April 24, 2008.

Expiration Date: February 19, 2009

Summary of Hearing Officer Recommendations and Agency Responses:

The New Jersey Small Employer Health Benefits (SEH) Program Board held a hearing on Monday, March 17, 2008 at 9:30 A.M. at the Department of Banking and Insurance, 11<sup>th</sup> floor Conference Room, 20 West State Street, Trenton, New Jersey to receive testimony with respect to the proposed amendments to the standard health benefits plan set forth in N.J.A.C. 11:21 as Appendix Exhibits A, F, G, V, W, Y, HH and II. Ellen DeRosa served as hearing officer. No testimony was provided during the hearing. The hearing officer made no recommendations regarding the proposed amendments to the standard health benefits plan set forth in N.J.A.C. 11:21 as Appendix Exhibits A, F, G, V, W, Y, HH and II. The hearing record may be reviewed by contacting Ellen DeRosa, Executive Director, New Jersey Small Employer Health Benefits Program Board, P.O. Box 325, Trenton, NJ 08625-0325.

Summary of Public Comments and Agency Responses:

**No comments were received.**

### **Federal Standards Statement**

The Board did not propose these amendments under the authority of, or in order to implement, comply with or participate in any program established under Federal law or under a State statute that incorporates or refers to Federal law, standards or requirements as set forth at N.J.A.C. 1:30-5.1(c)4. Accordingly, there are no Federal laws that apply to this rule.

**Full text** of the adoption follows:

#### **11:21-1.2 Definitions**

Words and terms contained in the Act, when used in this chapter, shall have the meanings as defined in the Act, unless the context clearly indicates otherwise, or as such words and terms are further defined by this chapter.

...

"Dependent" means the spouse or child of an eligible employee subject to applicable terms of the employee's health benefits plan. The reference to "spouse" includes a civil union partner pursuant to P.L. 2006, c. 103, and same sex relationships recognized in other jurisdictions if such relationships provide substantially all of the rights and benefits of marriage, except that spouse shall be limited to spouses of a marriage as marriage is defined in the Federal Defense of Marriage Act, 1 U.S.C.§. 7, with respect to the provisions of the Policy regarding continuation rights required by the Federal Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), Pub. L. 99-272, as subsequently amended. Thus, for purposes of COBRA, the term "spouse" does not include a civil union partner. At the option of the small employer, "spouse" includes a domestic partner pursuant to P.L. 2003, c. 246.

...

"Late enrollee" means an eligible employee or dependent who requests enrollment in a health benefits plan of a small employer following the initial minimum 30-day enrollment period provided under the terms of the health benefits plan. An eligible employee or dependent shall not be considered a late enrollee if the individual: was covered under another employer's health benefits plan at the time he was eligible to enroll and stated at the time of the initial enrollment that coverage under that other employer's health benefits plan was the reason for declining enrollment, but only if the plan sponsor or carrier required such statement at that time and provided the employee with notice of that requirement and the consequences of that requirement at that time; has lost coverage under that other employer's health benefits plan as a result of termination of employment or eligibility, reduction in the number of hours of employment, involuntary termination, the termination of the other plan's coverage, death of a spouse, or divorce or legal separation or dissolution of a civil union or termination of a domestic partnership; and requests enrollment within 90 days after termination of coverage provided under another employer's health benefits plan. An eligible employee or dependent also shall not be considered a late enrollee if the individual is employed by an employer which offers multiple health benefits plans and the individual elects a different plan during an open enrollment period; the individual had coverage under a COBRA continuation provision and the coverage under that provision was exhausted and the employee requests enrollment not later than 30 days after the date of exhaustion of COBRA coverage; or if a court of competent jurisdiction has ordered coverage to be provided for a spouse or minor child under a covered employee's health benefits plan and request for enrollment is made within 30 days after issuance of that court order or initially waived coverage under the policy for himself or herself and any then existing

dependents provided the employee enrolls to cover himself or herself and his or her existing dependent spouse, if any, under the policy within 30 days of the marriage, birth, adoption or placement for adoption of a newly acquired dependent.

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