

## **Exhibit D**

### **OVER-AGE DEPENDENT COVERAGE RIDER**

**[Policy]holder:**

**Group Policy No:**

**Effective Date:**

This Rider amends the Group [Policy] and the [Certificates] issued to over-age dependents who elected coverage under the **NEW JERSEY CONTINUATION RIGHTS FOR OVER-AGE DEPENDENTS** provision.

**I.** The **DEPENDENT COVERAGE** section is deleted in its entirety and replaced with the following section entitled **OVER-AGE DEPENDENT COVERAGE**.

#### **OVER-AGE DEPENDENT COVERAGE**

##### **Eligible Dependents**

An Employee's child by blood or law who:

- a) has reached the limiting age of 19 or 23, as applicable, but is less than 31 years of age;
- b) is not married or in a domestic partnership or civil union partnership;
- c) has no Dependents of his or her own;
- d) is either a resident of New Jersey or is enrolled as a full-time student at an Accredited School; and
- e) is not covered under any other group or individual health benefits plan, group health plan, church plan or health benefits plan, and is not entitled to Medicare on the date the over-Age Dependent continuation coverage begins.

##### **Enrollment Requirement**

To continue group health benefits, the Over-Age Dependent must make written election to [the Carrier].

For a Dependent whose coverage has not yet terminated due to the attainment of age 19 or 23, as applicable, the written election must be made within 30 days prior to termination of coverage due to the attainment of age 19 or 23.

For a person who did not qualify as an Over-Age Dependent because he or she failed to meet all the requirements of an Over-Age Dependent, but who subsequently meets all of the requirements for an Over-Age Dependent, written election must be made within 30 days after the person first subsequently meets all of the requirements for an Over-Age Dependent.

This election opportunity is explained in greater detail as follows:

- a) If a person did not qualify because he or she was married or a partner in a domestic partnership or civil union, the notice must be given within 30 days of the date he or she is no longer married or the domestic partnership or civil union is dissolved.
- b) If a person did not qualify because he or she had a Dependent of his or her own, the election must be made within 30 days of the date he or she no longer has a Dependent.
- c) If a person did not qualify because he or she either was not a resident of New Jersey or was not a full-time student at an Accredited school, the election must be made within 30 days of the date he or she becomes a resident of New Jersey, or becomes a full-time student at an accredited school.
- d) If a person did not qualify because he or she was covered under any other group or individual health benefits plan, group health plan, church plan or health benefits plan, or was entitled to Medicare, the election must be made within 30 days of the date he or she is no longer covered under any other group or individual health benefits plan, group health plan, church plan or health benefits plan, or is no longer entitled to Medicare.

An Over-Age Dependent may make written election to continue coverage during a 30 day period beginning on each anniversary date of the date the dependent lost coverage due to attaining the limiting age, provided he or she meets the definition of an “Over-Age Dependent” during that 30-day period.

#### **When Over-Age Dependent Coverage Starts**

The effective date of the continued coverage will be the later of:

- a) the date the Over-Age Dependent gives written notice to [the Carrier]; or
- b) the date the Over-Age Dependent pays the first premium; or
- c) the date the Dependent would otherwise lose coverage due to attainment of the limiting age.

#### **When Over-Age Dependent Coverage Ends**

An Over-Age Dependent’s continued group health benefits end on the first of the following:

- a) the date the Over-Age Dependent:
  - 1. attains age 31;
  - 2. marries or enters into a domestic partnership or a civil union partnership;
  - 3. acquires a Dependent;
  - 4. is no longer either a resident of New Jersey or enrolled as a full-time student at an Accredited School; or
  - 5. becomes covered under any other group or individual health benefits plan, group health plan, church plan or health benefits plan, or becomes entitled to Medicare
- b) the end of the period for which premium has been paid for the Over-Age Dependent, subject to the Grace Period for such payment;
- c) the date the Policy ceases to provide coverage to the Over-Age Dependent’s parent who is the Employee under the Policy.

- d) The date the Policy under which the Over-Age Dependent elected to continue coverage is amended to delete coverage for Dependents.
- e) The date the Over-Age Dependent's parent who is covered as an Employee under the Policy waives Dependent coverage. Except, if the Employee has no other Dependents, the Over-Age Dependent's coverage will not end as a result of the Employee waiving Dependent coverage.

**II.** Coverage for an Over-Age Dependent is single coverage. Any Deductible, Coinsurance and/or Copayments paid by an Over-Age Dependent is independent of any Deductible, Coinsurance and/or Copayments paid by the Over-Age Dependents parents, or siblings. Any provision in the Group [Policy] [and] [,] [Certificate] [and optional benefit rider] allowing for a family deductible or a family Maximum Out of Pocket does not apply to the coverage for the Over-Age Dependent.

**III.** The following provisions are deleted in their entirety:

- a) **COBRA CONTINUATION RIGHTS,**
- b) **NEW JERSEY GROUP CONTINUATION RIGHTS,**
- c) **A TOTALLY DISABLED EMPLOYEE'S RIGHT TO CONTINUE GROUP HEALTH BENEFITS,**
- d) **AN EMPLOYEE'S RIGHT TO CONTINUE GROUP HEALTH BENEFITS DURING A FAMILY LEAVE OF ABSENCE,**
- e) **A DEPENDENT'S RIGHT TO CONTINUE GROUP HEALTH BENEFITS**
- f) **CONVERSION RIGHTS FOR DIVORCED SPOUSES**
- g) **COORDINATION OF BENEFITS AND SERVICES**

This rider is part of the [Policy]. Except as stated above, nothing in this rider changes or affects any other terms of the [Policy].