



State of New Jersey • Department of the Treasury  
**DIVISION OF PENSIONS & BENEFITS**  
State Health Benefits Program (SHBP)

**WAIVER OF NEW EMPLOYEE WAITING PERIOD FOR SHBP ENROLLMENT  
PURSUANT TO EXECUTIVE ORDER NO. 115**

This form is to be completed by the employer and returned with the *Health Benefits Enrollment and/or Change Form* to enroll a new employee for immediate coverage in the State Health Benefits Program (SHBP) pursuant to Executive Order No. 115.

**EMPLOYEE INFORMATION**

Waiver of the 60-day waiting period and enrollment for immediate coverage in the SHBP is requested pursuant to Executive Order No. 115 for the following employee.

1. Employee's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_ 4. State \_\_\_\_\_ 5. ZIP \_\_\_\_\_ - \_\_\_\_\_
6. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
7. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
8. Gender  Male  Female
9. Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_
10. Email Address \_\_\_\_\_

**EMPLOYER CERTIFICATION**

Employer Name \_\_\_\_\_ Location # \_\_\_\_\_

I certify that the information provided is true and accurate and that I am subject to prosecution should it be knowingly false.

Certifying Officer \_\_\_\_\_  
Print Name

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_

Return this completed form to along with the  
*Health Benefits Enrollment and/or Change Form* to:

Division of Pensions & Benefits  
Health Benefits Bureau  
P.O. Box 299  
Trenton, N.J. 08625-0299

You may also scan your completed forms and e-mail  
with the subject line "SHBP 60 Day Waiver" to [pensions.nj@treas.nj.gov](mailto:pensions.nj@treas.nj.gov)