



# RAIL AGREEMENT ACTIVE HEALTH CARE ENROLLMENT AND/OR CHANGE FORM

Employee Benefits Dept  
180 Boyden Avenue  
Maplewood, NJ 07040  
973-378-6142  
Benefits@NJTRANSIT.com

|                                   |                |                     |
|-----------------------------------|----------------|---------------------|
| Employee Name (Last, First, M.I.) | Employee ID #: | Employee Hire Date: |
|-----------------------------------|----------------|---------------------|

| <b>Reason for Application: Check One</b><br><input type="checkbox"/> New Enrollment <input type="checkbox"/> Adding Dependents<br><input type="checkbox"/> Open Enrollment <input type="checkbox"/> Deleting Dependents<br><input type="checkbox"/> Transfer <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Waive | <b>Coverage Requested - Please check the appropriate box:</b> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 5%;">Single</th> <th style="width: 10%;">Parent/<br/>Child(ren)</th> <th style="width: 10%;">Employee/<br/>Spouse</th> <th style="width: 10%;">Employee/<br/>Domestic<br/>Partner</th> <th style="width: 10%;">Employee/<br/>Domestic<br/>Partner Family</th> <th style="width: 10%;">Family</th> <th style="width: 5%;">Effective<br/>Date</th> </tr> </thead> <tbody> <tr> <td>EPO</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>PPO</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>DA10 (Hired Pre-07.01.2016)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>DA10 (Hired Post-06.30.2016)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table> <p style="margin-top: 10px;"><b>NOTE:</b> Prescription, Dental and Vision Benefits are Bundled with Medical Coverage</p> |                          | Single                   | Parent/<br>Child(ren)            | Employee/<br>Spouse                     | Employee/<br>Domestic<br>Partner | Employee/<br>Domestic<br>Partner Family | Family | Effective<br>Date | EPO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | PPO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | DA10 (Hired Pre-07.01.2016) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | DA10 (Hired Post-06.30.2016) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
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|                                                                                                                                                                                                                                                                                                                                      | Single                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Parent/<br>Child(ren)    | Employee/<br>Spouse      | Employee/<br>Domestic<br>Partner | Employee/<br>Domestic<br>Partner Family | Family                           | Effective<br>Date                       |        |                   |     |                          |                          |                          |                          |                          |                          |  |     |                          |                          |                          |                          |                          |                          |  |                             |                          |                          |                          |                          |                          |                          |  |                              |                          |                          |                          |                          |                          |                          |  |
| EPO                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                | <input type="checkbox"/>         |                                         |        |                   |     |                          |                          |                          |                          |                          |                          |  |     |                          |                          |                          |                          |                          |                          |  |                             |                          |                          |                          |                          |                          |                          |  |                              |                          |                          |                          |                          |                          |                          |  |
| PPO                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                | <input type="checkbox"/>         |                                         |        |                   |     |                          |                          |                          |                          |                          |                          |  |     |                          |                          |                          |                          |                          |                          |  |                             |                          |                          |                          |                          |                          |                          |  |                              |                          |                          |                          |                          |                          |                          |  |
| DA10 (Hired Pre-07.01.2016)                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                | <input type="checkbox"/>         |                                         |        |                   |     |                          |                          |                          |                          |                          |                          |  |     |                          |                          |                          |                          |                          |                          |  |                             |                          |                          |                          |                          |                          |                          |  |                              |                          |                          |                          |                          |                          |                          |  |
| DA10 (Hired Post-06.30.2016)                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                | <input type="checkbox"/>         |                                         |        |                   |     |                          |                          |                          |                          |                          |                          |  |     |                          |                          |                          |                          |                          |                          |  |                             |                          |                          |                          |                          |                          |                          |  |                              |                          |                          |                          |                          |                          |                          |  |

|            |                         |                                                               |
|------------|-------------------------|---------------------------------------------------------------|
| Birthdate: | Social Security Number: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
|------------|-------------------------|---------------------------------------------------------------|

Address (No. Street, City, State and Zip Code):

|                 |                 |
|-----------------|-----------------|
| Home Telephone: | Work Telephone: |
|-----------------|-----------------|

Email Address:



| Add                      | Delete                   | Full Name of Eligible Dependents | Soc. Sec. No. | Circle Relationship              | Date of Birth | Gender                                                   |
|--------------------------|--------------------------|----------------------------------|---------------|----------------------------------|---------------|----------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |                                  |               | Spouse/Domestic<br>Partner/Child |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |
| <input type="checkbox"/> | <input type="checkbox"/> |                                  |               | Spouse/Domestic<br>Partner/Child |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |
| <input type="checkbox"/> | <input type="checkbox"/> |                                  |               | Spouse/Domestic<br>Partner/Child |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |
| <input type="checkbox"/> | <input type="checkbox"/> |                                  |               | Spouse/Domestic<br>Partner/Child |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |
| <input type="checkbox"/> | <input type="checkbox"/> |                                  |               | Spouse/Domestic<br>Partner/Child |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |
| <input type="checkbox"/> | <input type="checkbox"/> |                                  |               | Spouse/Domestic<br>Partner/Child |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |

**Waive Coverage:** I have been offered the above coverage and I elect to waive participation for myself and my eligible dependents.

I hereby accept responsibility for payment of the appropriate portion of the premium, if applicable, based on my employment/retirement status and/or contractual agreement. I authorize Payroll or the appropriate pension administrator to commence deductions consistent with my elections.

I hereby certify that the foregoing information is true and correct to the best of my knowledge and accept the provisions of the plans outlined on this form.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_