FH-0170-0923

State Health Benefits Program (SHBP)
School Employees' Health Benefits Program (SEHBP)

RESOLUTION

A Resolution to Elect an Employer Premium Delay Option

- ☐ One-month delay (initial election)
- ☐ Two-month delay (initial election)
- ☐ Add additional one-month delay for a maximum employer premium delay of two months (for locations that have previously adopted a one-month premium delay).

Be It Resolved

The _____ _____,
Name of Employer *SHBP/SHEBP Employer Location Number*

hereby resolves to exercise its employer premium delay option under the SHBP/SEHBP as selected above commencing with the _____/_____ premium.
Month *Year*

We understand that, should our group elect to terminate SHBP/SEHBP participation sometime in the future or the Programs cease to exist, any delayed premiums will become due and payable immediately. We understand that this premium delay shall take effect 60 days following receipt of this resolution by the State Health Benefits Commission or School Employees' Health Benefits Commission. Since employee premium contributions are tax deferred, the submission of those contributions cannot be delayed or used for any other purpose other than the payment of healthcare premiums. Therefore, employee premium contributions must be remitted timely.

We understand that, in accordance with N.J.S.A. 17:9-5.3(b), full payment of health benefit charges must be received on or before the due date printed on the bill and that interest shall be applied to the total transmittal of health benefit charges from the day following the due date until the day payment is received. Coverage for employees and retirees may be terminated for amounts 90 or more days past due.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the

_____ _____
Corporate Name of Employer *Phone Number*

_____
Street Address *City* *State* *Zip Code*

_____ _____ _____
Print Name *Official Title* *Email Address*

_____ _____/_____/_____
Signature *Date*

_____ _____
Number of Employees *Employer's State Employer Identification Number (EIN)*

Mail Completed Resolution to: **New Jersey Division of Pensions & Benefits**
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299