



State Health Benefits Program (SHBP) RESOLUTION

To be completed by the employing agency's Certifying Officer.

A resolution for local government employers to limit the medical plans offered under the SHBP.

BE IT RESOLVED:

The _____
Corporate Name of Employer *SHBP Employer Location Number*
 will not offer the following plans:

Note: Check the plans your location will not be offering. You must offer at least one plan from each category.

CATEGORY 1	<input type="checkbox"/> Aetna Freedom/Freedom 2019 and Horizon NJ DIRECT/NJ DIRECT 2019 <input type="checkbox"/> Aetna Freedom10 and Horizon NJ DIRECT10 <input type="checkbox"/> Aetna Freedom15 and Horizon NJ DIRECT15 <input type="checkbox"/> Aetna HMO and Horizon HMO		
CATEGORY 2	<input type="checkbox"/> Aetna Freedom1525 and Horizon NJ DIRECT1525 <input type="checkbox"/> Aetna Freedom2030 and Horizon NJ DIRECT2030	CATEGORY 3	<input type="checkbox"/> Aetna Liberty Plus and Horizon OMNIA
CATEGORY 4	<input type="checkbox"/> Aetna Freedom2035 and Horizon NJ DIRECT2035	CATEGORY 5	<input type="checkbox"/> Aetna Freedom HDLow and Horizon NJ DIRECT HDLow <input type="checkbox"/> Aetna Freedom HDHigh and Horizon NJ DIRECT HDHigh

Upon receipt of this resolution, the Health Benefits Bureau will schedule a Special Open Enrollment for active employees currently enrolled in any plan that will no longer be offered. These employees must log into mynjbenefitshub to change their medical plan during the Special Open Enrollment or will otherwise be terminated from coverage. Resolutions may be filed once in a calendar year.

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

_____		_____	
<i>Corporate Name of Employer</i>		<i>Phone Number</i>	
_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	
<i>Print Name</i>	<i>Official Title</i>	<i>Email Address</i>	
_____		_____/_____/_____	
<i>Signature</i>		<i>Date</i>	
_____	_____		
<i>Number of Employees</i>	<i>Employer's State Employer Identification Number (EIN)</i>		

Mail Completed Resolution to:

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