HA-0892-0522

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	CATEGORY 2
☐ NJ DIRECT/NJ DIRECT 2019 ☐ NJ DIRECT10 ☐ NJ DIRECT15 ☐ HORIZON HMO	☐ NJ DIRECT1525 ☐ NJ DIRECT2030
CATEGORY 3	**CATEGORY 4**
☐ OMNIA HEALTH PLAN	☐ NJ DIRECT2035
CATEGORY 5	
☐ NJ DIRECT HD4000 ☐ NJ DIRECT HD1500	

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:

_____ _____
Corporate Name of Employer *Phone Number*

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

_____ _____
Print Name *Official Title*

_____ _____/_____/_____
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