



State Health Benefits Program (SHBP)

RESOLUTION

A Resolution for Local Government Employees 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
<input type="checkbox"/> NJ DIRECT10 <input type="checkbox"/> NJ DIRECT15 <input type="checkbox"/> HORIZON HMO	<input type="checkbox"/> NJ DIRECT1525 <input type="checkbox"/> NJ DIRECT2030
CATEGORY 3	CATEGORY 4
<input type="checkbox"/> OMNIA HEALTH PLAN	<input type="checkbox"/> NJ DIRECT2035
CATEGORY 5	
<input type="checkbox"/> NJ DIRECT HD4000 <input type="checkbox"/> 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 submit a *Health Benefits Enrollment and/or Change Form* to change medical plans 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 / /
mm dd yyyy

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

Area Code *Telephone Number*

Signature *Official Title*

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