A Resolution to Authorize a Change in the Percentage of Dependent Coverage to be Paid by the Employer.

BE IT RESOLVED:

1. The ___________________________________________   ___________________________ ,
   Corporate Name of Employer SHBP/SEBP Employer Location Number
   a participating employer in the SHBP/SEHBP, hereby elects to authorize a change in the percent of premiums paid for employee and/or dependent coverage by the employer.
   a.) We authorize ___________ percent of employee coverage to be paid.*
   b.) We authorize ___________ percent of dependent coverage to be paid.*
   *If a different percent of premiums applies to separate bargaining groups or employees with no majority representative, indicate the name of the group and the percent of premiums paid on a separate sheet.

2. In accordance with N.J.S.A. 52:14-17.38, we shall remit to the State Treasury all contributions to premiums on account of employee and dependent coverage and periodic changes.

3. We shall resolicit all affected eligible employees for completion of Health Benefit Enrollment and/or Change Forms to be submitted to the Health Benefits Bureau of the New Jersey Division of Pensions & Benefits within the prescribed time limit.

4. This resolution shall take effect immediately and the change in percent of employee and/or dependent premium paid by the employer shall be effective as of __/__/____ or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

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

____________________________________________________________   _____________________________
   Signature  Official Title

____________________________________________________________
   Number of Employees Employer's State Employer Identification Number (EIN)

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

Mail Completed Resolution to: