HB-0543-0522

State Health Benefits Program (SHBP)

School Employees' Health Benefits Program (SEHBP)

RESOLUTION

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

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/SHEBP 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 to complete enrollment and or change of coverage on Benefitsolver.

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.
   Date

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