HB-0721-0619

State Health Benefits Program (SHBP)
School Employees' Health Benefits Program (SEHBP)

RESOLUTION

A Resolution to Terminate Participation in the SHBP/SEHBP Dental Plan Coverage Only.

BE IT RESOLVED:

1. The ______________________________ ______________________________
Name of Employer *SHBP/SHEBP Employer Location Number*

   hereby resolves to terminate its participation in the SHBP/SEHBP Employee Dental Plans thereby canceling dental coverage provided by the New Jersey State Health Benefits Program Act (N.J.S.A. 52:14-17.25 et seq.) for all its active employees and their dependents.

2. We shall notify all active employees of the date of their termination of coverage under the Program.

3. We understand that all COBRA participants will be notified by the New Jersey Division of Pensions & Benefits (NJDPB) and advised to contact our office concerning a possible alternative dental program.

4. We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the State Health Benefits Commission.

Please complete and comply with the following:

New Dental Plan Carrier ______________________________

Reason for termination of the SHBP/SEHBP Employee Dental Plans ______________________________

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In accordance with N.J.S.A. 18A:16-21 and 40A:10-25, you must file a copy of your new contract with the State Health Benefits Commission. Please submit a copy of the new contract with this completed resolution.

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* *Employer's State Employer Identification Number (EIN)*

______________________________ ______________________________
Signature *Official Title*

Mail Completed Resolution to:

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