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

RESOLUTION

A Resolution to Notify the SHBP and SEHBP of the Adoption of Domestic Partnership Health Benefits Coverage Through a Program Other Than the SHBP or SEHBP in Accordance With P.L. 2003, c. 246 (Chapter 246), and N.J.A.C. 17:1-5.5.

BE IT RESOLVED:

1. The _____ _____
   Name of Employer *SHBP/SHEBP Employer Location Number*
   hereby resolves to provide health benefits coverage under Chapter 246, the Domestic Partnership Act, for all the active and retired employees and their same-sex domestic partners thereunder.
2. Hereby notifies the SHBP and SEHBP that it is providing domestic partner coverage through a program other than the SHBP or SEHBP for all active employees and for any covered retired employees who are not eligible for enrollment in the SHBP or SEHBP.
3. Hereby notifies the SHBP and SEHBP that coverage should be extended to the eligible same-sex domestic partners of any retired employees who are eligible for enrollment in the SHBP or SEHBP.
4. Hereby notifies the SHBP and SEHBP that it has elected to provide the above named benefits in accordance with the statute and regulations adopted by the State Health Benefits Commission and School Employees' Health Benefits Commission.
5. As a non-participating employer, we will notify the Health Benefits Bureau of the New Jersey Division of Pensions & Benefits (NJDPB) of any future change or cancellation of our election to provide health benefits coverage under the Domestic Partnership Act in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.

   That domestic partnerships must meet the requirements of the Domestic Partnership Act; that coverage is limited to same-sex domestic partnerships and a *Certificate of Domestic Partnership*, obtained from the State of New Jersey through application to the employee's Local Registrar prior to February 19, 2007 (or a valid certification from another jurisdiction that recognizes same-sex domestic partners, civil unions, or similar same-sex relationships), must be made available along with any other required documentation upon request of the employer and/or the Health Benefits Bureau of the NJDPB.
6. We hereby appoint _____ to act as Certifying Officer in the administration of this program.
   Name/Title
7. This resolution shall take effect immediately and coverage shall be effective as of ____/____/_____ or as soon thereafter as it may be effectuated pursuant to statutes and regulations.
   mm dd yyyy

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