



State Health Benefits Program (SHBP)

Local Government Employers

RESOLUTION FOR TERMINATION OF RETIRED RX

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

A Resolution to Terminate Participation Under the SHBP for Retired Prescription Drug Coverage Only.

BE IT RESOLVED:

- 1. The Name of Employer SHBP Employer Location Number hereby resolves to terminate its participation in the State Employee Prescription Drug Plan... 2. We shall notify all retired employees... 3. We understand that we must notify all participants... 4. We understand that this resolution shall take effect... 5. We understand that this plan must be comparable in design...

Please complete and comply with the following:

New Prescription Drug Carrier Reason for termination of the State Employee Prescription Drug Plan

In accordance with N.J.S.A. 40A:10-25, you must file a copy of your new contract with the Health Benefits Bureau. 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 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

Email Completed Resolution to: HBRetired@treas.nj.gov