HB-1138-0923

State Health Benefits Program (SHBP)

Local Government Employers

RESOLUTION FOR PARTICIPATION IN RETIRED RX

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

A resolution to authorize participation under the SHBP for retired prescription drug coverage for locations that previously opted out.

BE IT RESOLVED:

1. The _____ _____,
   Corporate Name of Employer *SHBP Employer Location Number*
   a participating employer in the SHBP, hereby elects to participate in the Retired Prescription Drug Program provided by the New Jersey State Health Benefits Act (N.J.S.A. 52:14-17.25 et seq.) and to authorize coverage for all the retirees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission (SHBC).

2. As a participating employer, we will remit to the State Treasury all charges due on account of retiree and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.

3. We hereby appoint _____ to act as
   Name/Title
   Certifying Officer in the administration of this program.

4. This resolution shall take effect immediately and coverage shall be effective as of _____/_____/_____, or as
   Date
   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:

_____ _____
Corporate Name of Employer *Phone Number*

_____
Street Address *City* *State* *Zip Code*

_____ _____ _____
Print Name *Official Title* *Email Address*

_____ _____/_____/_____
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***