

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 adopt the provisions of Chapter 48 (N.J.S.A. 52:14.17.38) under which a public employer may agree to pay for the SHBP and/or SEHBP coverage of certain retirees.

| BE | IT RESOLVED | | | | | | | | | | | |
|------------|--|---|-------------------------------------|---|-------------------|--|--|--|--|--|--|--|
| 1. | The | | | | | | | | | | | |
| | Corporate Name of Employer SHBP/SHEBP Employer Location Number | | | | | | | | | | | |
| | hereby elects to adopt the provisions of N.J.S.A. 52:14-17.38 and adhere to the rules and regulations promulgated by the State Health Benefits Commission and School Employees' Health Benefits Commission to implement the provisions of that law. | | | | | | | | | | | |
| 2. | This resolution affects employees as shown on the attached Chapter 48 Resolution Addendum. It is effective | | | | | | | | | | | |
| | on the 1st day of, | | | | | | | | | | | |
| 3. | We are aware that adoption of this resolution does not free us of the obligation to pay for post-reti medical benefits of retirees or employees who qualified for those payments under any <i>Chapter 88 Resolution</i> adopted previously by this governing body. | | | | | | | | | | | |
| 4. | 4. We agree that this resolution will remain in effect until properly amended or revoked with the SHBP and/or SEHB recognize that while we participate with the SHBP and/or SEHBP, we are responsible for providing the payme post-retirement medical coverage as listed in the attached Chapter 48 Resolution Addendum for all employees valualify for this coverage while this resolution is in force. | | | | | | | | | | | |
| 5. I h | We understand that we are complete copies of all controbligations we undertake. We needed to carry out the terms of ereby certify that the foregoing is | acts, ordinances, and also recognize that we this resolution. | resolutions that may be required | detail post-retiremei I to provide the NJE | nt medical paymen | | | | | | | |
| | C | | Phone Number | | | | | | | | | |
| | | | | | | | | | | | | |
| | Street Address | City | | State | Zip Code | | | | | | | |
| Print Name | | | Official Title | E | Email Address | | | | | | | |
| | | | | | <u> </u> | | | | | | | |
| | | Signature | | | Date | | | | | | | |
| | Number of Employees | Employer's State Employer Ide | entification Number (EIN) | | | | | | | | | |
| Ма | il Completed Resolution to: | New Jersey Division Health Benefits Bure P.O. Box 299 Trenton, NJ 08625-02 | au | nefits | | | | | | | | |
| Em | nail Completed Resolution to: | HBRetired@treas.nj.gov | | | | | | | | | | |



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

CHAPTER 48 RESOLUTION ADDENDUM

Form to be used for: Medical

Dental

Both

Effective Date of Resolution

| | | If Benefits Do Not Apply To Current Retirees, Give | Effective Date | | | | | | |
|---|--|--|----------------------|--|--|--|--|--|--|
| | | Do Benefits Apply to Current Retirees | | | | | | | |
| | | | | | | | | | rement. |
| | Premium Payment Surviving Spouses | | If Yes Show % | | | | | | ge requi |
| | | | No | | | | | | ive an a |
| | Medicare Reimbursement | | Spouse (Yes/No) | | | | | | ready ha |
| | | | Retiree (Yes/No) | | | | | | and 4 alı |
| | Premium Payment Dependents | | If Yes Show % | | | | | | sions 3 |
| umber | | | No | | | | | | 2; Provi |
| Location N | | Premium Payment Retirees | If Yes Show % | | | | | | ons 1 or |
| Corporate Name of Employer, SHBP/SEHBP Employer Location Number | p | etired 62 or r w/15 years ore service nployer | | | | | | | Note: An age requirement is not permitted on Provisions 1 or 2; Provisions 3 and 4 already have an age requirement. |
| r, SHBP/SE | N.J.S.A. 52:14-17.38 Provisions Adopted | Jumber of s service nployer | year | | | | | | ermitted |
| of Employer | | etired age w/25 years ice | 3) R 65 + serv | | | | | | is not pe |
| rate Name | | Jumber of s service nployer | уеаг | | | | | | irement |
| Corpo | | etired w/25 years of ice | | | | | | | age requ |
| | | etired on a bility ement | BsiQ | | | | | | ote: An |
| Employer Name | CLASS OF EMPLOYEES | Examples: police officers, clerical workers, bargaining unit | or individual(s) | | | | | | ž |

Area Code and Phone Number

Name of Certifying Officer

Date Resolution Submitted