

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

RESOLUTION: P.L. 1999, c. 48 (Chapter 48)

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	Name of Franks	01100/01/500 5***	January Lanakian Museukan					
	hereby elects to adopt the provis		SHBP/SHEBP Employer Location Number 17.38 and adhere to the rules and regulations promulgated Employees' Health Benefits Commission to implement the						
2.	This resolution affects employees as shown on the attached Chapter 48 Resolution Addendum. It is effective								
	on the 1st day of	Jonth Year							
3.	We are aware that adoption of this resolution does not free us of the obligation to pay for post-retiremen medical benefits of retirees or employees who qualified for those payments under any <i>Chapter 88 Resolution</i> or <i>Chapter 48 Resolution</i> adopted previously by this governing body.								
4.	We agree that this resolution will remain in effect until properly amended or revoked with the SHBP and/or SEHBP. We recognize that while we participate with the SHBP and/or SEHBP, we are responsible for providing the payment for post-retirement medical coverage as listed in the attached <i>Chapter 48 Resolution Addendum</i> for all employees who qualify for this coverage while this resolution is in force.								
5. I h	complete copies of all contra obligations we undertake. We needed to carry out the terms of	required to provide the New Je acts, ordinances, and resolution also recognize that we may be this resolution. The true and correct copy of a resolution is true and correct copy of a resolution.	s that detail post-retire required to provide the	ment medical payment					
	Co	orporate Name of Employer		Phone Number					
	Street Address	City	State	Zip Code					
	Print Name	Official Title	Official Title						
		Signature		/					
	Number of Employees	Employer's State Employer Identification Nu	mber (EIN)						
Ма	il Completed Resolution to:	New Jersey Division of Pens Health Benefits Bureau P.O. Box 299 Trenton, NJ 08625-0299	ions & Benefits						
Or	Email:	Your Designated NJDPB Health Benefits Group Email Box found on the							

Resources & Support page in your Benefitsolver Administrator account.



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_ Form to be used for: Medical Dental Both	Employer, SHBP/SEHBP Employer Location Number
	Corporate Name of Emp
	Corporat
Effective Date of Resolution	Employer Name

	If Benefits Do Not Apply To Current Retirees, Give Effective Date						
	Do Benefits Apply to Current Retirees						
	Premium Payment Surviving Spouses						
	are sement						
	Medicare Reimbursement	Retiree (Yes/No)					
	ium ient dents	If Yes Show %					
	Premium Payment Dependents						
	Premium Payment Retirees If Yes Show %						
7	etired 62 or r w/15 years ore service nployer	olde or m					
betropp an	dumber of g	year					
Browisio	etired age Sired	3) R 65 + servi					
N I S A 50:14-17 38 Provisions	dumber of sployer	year					
0 - 2	etired w/25 g						
	etired on a bility ement	Disa					
OLASS OF EMPLOYEES	Examples: police officers, clerical workers, bargaining unit	or individual(s)					

Note: An age requirement is not permitted on Provisions 1 or 2; Provisions 3 and 4 already have an age requirement.

Area Code and Phone Number
Name of Certifying Officer
Date Resolution Submitted