

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

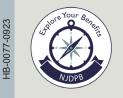
RESOLUTION

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

A resolution to authorize participation under the SHBP and/or SEHBP.

BE IT RESOLVED:

1.	Th	e	Corporate Name of Employer	SHBP/SHEBP Employer Location Number			
	of I and	New d thei	elects to participate in the Health Program provided by the New Jersey (N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2) and ir dependents thereunder in accordance with the statute and reg ssion and/or School Employees' Health Benefits Commission.	Jersey State Health Benefits Act of the State to authorize coverage for all the employees			
2.	a.		We elect to participate in the Employee Prescription Drug Plan authorize coverage for all employees and their dependents i adopted by the State Health Benefits Commission and/or Scho	in accordance with the statute and regulations			
	b.		We will be maintaining	as our Prescription Drug Plan ¹ .			
			This plan is comparible in design to the State Employee Prescription Drug Plan.				
	C.		We will not have a stand-alone prescription drug plan and und provided based on the medical plan chosen by the subscriber.				
3.	a.		We elect to participate in the Employee Dental Plans defined a coverage for all employees and their dependents in accordance the State Health Benefits Commission and/or School Employe	ce with the statute and regulations adopted by			
	b.		We will be maintaining	as our dental plan ¹ .			
	C.		We will not have a dental plan.				
4.	We elect ² hours per week (average) as the minimum requirement for full-time status in accordance with N.J.A.C. 17:9-4.6.						
5.	As a participating employer we will remit to the State Treasury all charges due on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.						
6.							
	to a	act a	s Certifying Officer in the administration of this program.	<i>tie</i>			
Not		: An individual is permitted coverage as an employee, retiree, or dependent. Multiple coverage under the SHBP or SEHBP is prohibited.					
		¹ If not electing prescription drug coverage and/or dental plan participation through the SHBP or SEHBP, attach copies of t current prescription drug and dental plan contracts.					
	² May not be less than 25 hours per week for employees, or 35 hours per week for elected or appointed officials.						



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I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the:

Cor	porate Name of Employer		Phone Number
Street Address	City	State	Zip Code
Print Name	Official Title	E	mail Address
	Signature		// Date
Number of Employees	Employer's State Employer Identification Number (EIN)		
Mail Completed Resolution to:	New Jersey Division of Pensions & Bene Health Benefits Bureau P.O. Box 299 Trenton. NJ 08625-0299	efits	