



RESOLUTION: 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:

- 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.
- This resolution affects employees as shown on the attached *Chapter 48 Resolution Addendum*. It is effective on the 1st day of _____, _____
Month *Year*.
- We are aware that adoption of this resolution does not free us of the obligation to pay for post-retirement medical benefits of retirees or employees who qualified for those payments under any *Chapter 88 Resolution* or *Chapter 48 Resolution* adopted previously by this governing body.
- 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 *Chapter 48 Resolution Addendum* for all employees who qualify for this coverage while this resolution is in force.
- We understand that we are required to provide the New Jersey Division of Pensions & Benefits (NJDPB) complete copies of all contracts, ordinances, and resolutions that detail post-retirement medical payment obligations we undertake. We also recognize that we may be required to provide the NJDPB with information needed to carry out the terms of this 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* _____ *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

Or Email: **Your Designated NJDPB Health Benefits Group Email Box found on the Resources & Support page in your Benefitsolver Administrator account.**



State Health Benefits Program (SHBP) & School Employees' Health Benefits Program (SEHBP)
RESOLUTION: Chapter 48

Effective Date of Resolution / / Form to be used for: Medical Dental Both

Employer Name Corporate Name of Employer, SHBP/SEHBP Employer Location Number

Table with columns: CLASS OF EMPLOYEES, N.J.S.A. 52:14-17.38 Provisions Adopted (1-4), Premium Payment Retirees, Premium Payment Dependents, Medicare Reimbursement, Premium Payment Surviving Spouses, Do Benefits Apply to Current Retirees, and If Benefits Do Not Apply To Current Retirees, Give Effective Date.

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

Date Resolution Submitted Name of Certifying Officer

Area Code and Phone Number