



State Health Benefits Program (SHBP) — Local Government

**RESOLUTION: Limit Medical Plans Offered**

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

**A resolution for local government employers to limit the medical plans offered under the SHBP.**

BE IT RESOLVED:

The \_\_\_\_\_  
Corporate Name of Employer \_\_\_\_\_ SHBP Employer Location Number

will offer the following plans:

Check the plans your location **will** be offering. You must offer at least one plan from each category.

CATEGORY 1	<input type="checkbox"/> Aetna Freedom/Freedom 2019 and Horizon NJ DIRECT/NJ DIRECT 2019 <input type="checkbox"/> Aetna Freedom 10 and Horizon NJ DIRECT 10 <input type="checkbox"/> Aetna Freedom 15 and Horizon NJ DIRECT 15 <input type="checkbox"/> Aetna HMO and Horizon HMO		
CATEGORY 2	<input type="checkbox"/> Aetna Freedom 1525 and Horizon NJ DIRECT 1525 <input type="checkbox"/> Aetna Freedom 2030 and Horizon NJ DIRECT 2030	CATEGORY 3	<input type="checkbox"/> Aetna Liberty Plus and Horizon OMNIA
CATEGORY 4	<input type="checkbox"/> Aetna Freedom 2035 and Horizon NJ DIRECT 2035	CATEGORY 5	<input type="checkbox"/> Aetna Freedom HDLow and Horizon NJ DIRECT HDLow <input type="checkbox"/> Aetna Freedom HDHigh and Horizon NJ DIRECT HDHigh

Upon receipt of this resolution, the Health Benefits Bureau will schedule a Special Open Enrollment for active employees currently enrolled in any plan that will no longer be offered. These employees must log into mynjbenefitshub to change their medical plan during the Special Open Enrollment or will otherwise be terminated from coverage. Resolutions may be filed once in a calendar year.

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:** [HBLocalGov@treas.nj.gov](mailto:HBLocalGov@treas.nj.gov)