

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

## **RESOLUTION: Authorization to Change Percent of Premiums Paid**

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

A resolution to authorize a change in the percentage of dependent coverage to be paid by the employer.

Or Email:		Your Designated NJDPB Health Benefits Group Email Box found on the		
Mail Completed Resolution to:		New Jersey Division of Pensions & Benefits Health Benefits Bureau P.O. Box 299 Trenton, NJ 08625-0299		
Number of Employees		Employer's State Employer Identification Number (EIN)		
		Signature		/
			_,,	1 1
	Print Name	Official Title		nail Address
Stree	et Address	City	State	Zip Code
		Corporate Name of Employer		Phone Number
the	statutes and regulations.	as of/		ffectuated pursuant to
	This resolution shall take effect immediately and the change in percent of employee and/or dependent premium pair the employer shall be effective as of/ or as soon thereafter as it may be effectuated pursua			
3. We	shall resolicit all affected elig	gible employees to complete enrollment an	d or change of covera	ge on Benefitsolver.
	accordance with N.J.S.A. 52:14-17.38, we shall remit to the State Treasury all contributions to premiums on ac- unt of employee and dependent coverage and periodic changes.			
	*If a different percent of premiums applies to separate bargaining groups or employees with no majority representa- tive, indicate the name of the group and the percent of premiums paid on a separate sheet.			
	b.) We authorize	percent of dependent coverage to b	e paid.*	
		percent of employee coverage to be	paid.*	
	a participating employer in the SHBP/SEHBP, hereby elects to authorize a change in the percent of premiums paid for employee and/or dependent coverage by the employer.			
1. 1116	Corporate	e Name of Employer	SHBP/SHEBP Empl	oyer Location Number ,
1. The	}			

Resources & Support page in your Benefitsolver Administrator account.