



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 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

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

Email Completed Resolution to: **HBRetired@treas.nj.gov**



State Health Benefits Program (SHBP) and
 School Employees' Health Benefits Program (SEHBP)
CHAPTER 48 RESOLUTION ADDENDUM

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

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

CLASS OF EMPLOYEES Examples: police officers, clerical workers, bargaining unit (PBA, CWA), nonaligned, or individual(s)	N.J.S.A. 52:14-17.38 Provisions Adopted						Premium Payment Retirees If Yes Show %	Premium Payment Dependents		Medicare Reimbursement		Premium Payment Surviving Spouses		Do Benefits Apply to Current Retirees		If Benefits Do Not Apply To Current Retirees, Give Effective Date	
	1) Retired on a Disability Retirement	2) Retired w/25 or + years of service	2a) Number of years service w/employer	3) Retired age 65 + w/25 years service	3a) Number of years service w/employer	4) Retired 62 or older w/15 years or more service w/employer		No	If Yes Show %	No	If Yes Show %	No	If Yes Show %	No	If Yes Show %		

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*