



State Health Benefits Program (SHBP) — Local Government

RESOLUTION: Terminate Retired Rx Participation

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

A resolution to terminate participation under the SHBP for retired prescription drug coverage only.

BE IT RESOLVED:

- The _____ *Name of Employer* _____ *SHBP Employer Location Number* hereby resolves to terminate its participation in the State Employee Prescription Drug Plan thereby canceling prescription drug coverage provided by the SHBP (N.J.S.A. 52:14-17.25 et seq.) for all its retired employees.
- We shall notify all retired employees of the date of their termination of coverage under the Program.
- We understand that we must notify all participants in the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).
- We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the Health Benefits Bureau.
- We understand that this plan must be comparable in design, as determined by the Commission, to the State Employee Prescription Drug Plan. All Medicare Part D Plans must be Employer Group Wrap Plans (EGWP).

Please complete and comply with the following:

New Prescription Drug Carrier _____

Reason for termination of the State Employee Prescription Drug Plan _____

In accordance with N.J.S.A. 40A:10-25, you must file a copy of your new contract with the Health Benefits Bureau. Please submit a copy of the new contract with this completed 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: ***HBLocalGov@treas.nj.gov***