

Email Completed Resolution to:

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 P.L. 1974, c. 88 (Chapter 88), with or without amendment by P.L. 1981, c. 436 (Chapter 436), to permit local public employers to pay the premium charges for certain eligible retirees and their dependents and to reimburse Medicare Part B premiums for such retirees and their spouses covered by the SHBP/SEHBP.

| ΒE | IT RESOLVED: | | | | |
|------------------------|--|---|------------------|---------------------|--|
| 1. | The | | | | |
| | Corp | orate Name of Employer | SHBP/SHEBP Emplo | yer Location Number | |
| | hereby elects to adopt the provisions of Chapter 88 and adhere to the rules and regulations promulgated by the State Health Benefits Commission (SHBC) or School Employees' Health Benefits Commission (SEHBC) to implement the provisions of the law. We hereby acknowledge that the rules and regulations of the SHBC/SEHBC established that Chapter 88 does: | | | | |
| | a. Apply to all eligible current and future retirees of the employer and their dependents; | | | | |
| | Continue as long as the State is paying the cost of its eligible retirees and their dependents in accordance with the provision of P.L. 1972, c. 75 (Chapter 75); | | | | |
| | c. Provide for local employer reimbursement of Medicare Part B premiums for eligible retirees and/or their spouses as the payment of health insurance premiums required by the Program on a basis comparable to the reimbursement made by the State to its eligible retirees and their spouses in accordance with the provisions of Chapter 75; and | | | | |
| | d. Require the local employer to pay the full cost of such premiums up to the cost of NJ DIRECT10 coverage. | | | | |
| 2. | We ☐ do ☐ do not elect to add retirees. | e \Box do \Box do not elect to adopt Chapter 436, which extends the provisions of Chapter 88 to surviving spouses of eligible tirees. | | | |
| 4. | pendents covered under the Program, including surviving spouses if we also adopted Chapter 436, if such employees retired from State or locally-administered retirement system on a benefit based on 25 years or more of service credited in such retirement system excepting the employees who elected Deferred Retirement but including the employees who retired on Disability Retirement base on fewer years of service credited in such retirement system. We also agree to reimburse such retired employees for their premiu charges under Medicare Part B covering the retired employees and spouses in accordance with the regulations of the Commission | | | | |
| l he | ereby certify that the foregoing is a t | rue and correct copy of a resolution duly add | pted by the: | | |
| | Corporate Name of Employer | | | Phone Number | |
| | | | | | |
| | Street Address | City | State | Zip Code | |
| Print Name | | Official Title | E | Email Adddress | |
| | | | | | |
| | | | | | |
| | | Signature | | Date | |
| | Number of Employees | Employer's State Employer Identification Number | r (EIN) | | |
| Ма | il Completed Resolution to: | New Jersey Division of Pensions Health Benefits Bureau P.O. Box 299 | & Benefits | | |

HBRetired@treas.nj.gov