

BOROUGH OF HIGHLANDS COUNTY OF MONMOUTH RESOLUTION 20-058

A Resolution to Authorize Participation Under the SHBP and/or SEHBP



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

RESOLUTION

A Resolution to Authorize Participation Under the SHBP and/or SEHBP.

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BE IT RI	ESOLVED: BOROUGH OF HIGHLANDS		
. The			TO BE NAMED
	Corporate Name of Emp	Noyer	SHBP/SHEBP Employer Location Number
the S all th	State of New Jersey (N,J,S,A, 52:14-	17,26 and N.J.S.A. 52: nereunder in accordanc	e New Jersey State Health Benefits Act of 14-17,46,2) and to authorize coverage for e with the statute and regulations adopted rees' Health Benefits Commission.
2. a, √ <u>.</u>	and authorize coverage for all em	ployees and their dep	Plan defined by N.J.S.A. 52:14-17.25 et seq endents in accordance with the statute and mission and/or School Employees' Health
ь. С	We will be maintaining	N/A Name of Plan	as our Prescription Drug Plan.' This plan is
	comparible in design to the State		Drug Plan.
с, 🗀	We will not have a stand-alone pre will be provided based on the med		d understand that prescription drug coverage e subscriber.
3. a. Z	thorize coverage for all employees	s and their dependents n Benefits Commission	ned by N.J.S.A. 52:14-17.25 et seq. and au- s in accordance with the statute and regula a and/or School Employees' Health Benefits
ь, С	We will be maintaining	N/A Name of Plan	as our dental plan,'
c. [We will not have a dental plan.		
	elect 30 ² hours per week (e with N.J.A.C. 17:9-4.6.	(average) as the minim	um requirement for full-time status in accor
depe	endent coverage and periodic charg regulations duly promulgated thereu	es in accordance with tunder.	all charges due on account of employee and the requirements of the statute and the rules
. We l	nereby appoint KIMBERLY GON:	ZALES ne/Title	to act as Certifying Officer in the administra-
	n individual is permitted coverage a HBP or SEHBP is prohibited.	s an employee, retiree	, or dependent. Multiple coverage under the
0	surrent prescription drug and dental plan cor	ntracts,	on through the SHBP or SEHBP, attach copies of the
ž ļ	May not be less than 25 hours per week for o	employees, or 35 hours per v	week for elected or appointed officials,

Please complete page 2 of this form.



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

RESOLUTION

Continued from page 1.

7. This resolution shall take effect immediately and coverage shall be effective as of 4,14,20 or as soon thereafter as it may be effectuated pursuant to the statutes and regulations (can be no less than 75 or 90 days pursuant to the provisions of N₂J,S,A, 17:9-1.4).

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the:

BOROUGH OF H	The second secon	01 /15 / 2020			
	Corporate Name at Employer		· ·	ann all yyyy	
42 SHORE DRIVE	HIGHLANDS	NJ	07732		
Street Activess		City	State	Zip Challe	
	72 1224 X 203				
Area Code	Telephone Number				
VWG	- hh		Municipal Cl	erk	
	Signature		Official Fit		
48	216000720				
imber of Employees	Employer's State Employer Atento	fication Number (EIN)			

Mail Completed Resolution to:

New Jersey Division of Pensions & Benefits

Health Benefits Bureau

RO. Box 299

Trenton, NJ 08625-0299

	INTRODUCED	SECOND	AYE	NAY	ABSTAIN	ABSENT
BRASWELL						X
BROULLON		X	X			
MAZZOLA			X			
RYAN	X		X			
O'NEIL			X			

This is a Certified True copy of the Original Resolution on file in the Municipal Clerk's Office.

DATE OF VOTE: 01/15/2020

Matthew Conlon, RMC, Municipal Clerk

