




BOROUGH OF HIGHLANDS
 COUNTY OF MONMOUTH
RESOLUTION 20-071

HR-008-0019



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

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:

1. The BOROUGH OF HIGHLANDS _____
Corporate Name of Employer SHBP/SEHBP 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.
2. This resolution affects employees as shown on the attached *Chapter 48 Resolution Addendum*. It is effective on the 1st day of MAY _____, 2020 _____
Month Year
3. 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.
4. 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.
5. 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:

BOROUGH OF HIGHLANDS _____ 01 / 29 / 2020
Corporate Name of Employer mm dd yyyy

42 SHORE DRIVE _____ HIGHLANDS _____ NJ _____ 07701
Street Address City State Zip Code

732 _____ 872 1224 _____
Area Code Telephone Number

Kim Gonzales _____ ADMINISTRATOR _____
Signature Official Title

50 _____ 216000720 _____
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**



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

Please read instructions on reverse side before completing this form.

Effective Date of Resolution mm / dd / yyyy Form to be used for: Medical Dental Both

Employer Name BOROUGH OF HIGHLANDS Corporate Name of Employer, SHBP/SEHBP Employer Location Number

Table with columns for CLASS OF EMPLOYEES, N.J.S.A. 82:14-17.98 Provisions Adopted (1-4), Premium Payment (Dependents, Spouses, Reimbursement), and If Benefits do Not Apply to Current Retirees, Give Effective Date.

Note: An age requirement is not permitted on Option 1 or 2; Option 3 and 4 already have an age requirement.

MOTION TO TABLE UNTIL FEBRUARY 19, 2020

	INTRODUCED	SECOND	AYE	NAY	ABSTAIN	ABSENT
BRASWELL			X			
MAZZOLA	X		X			
RYAN			X			
VALKOS			X			
BROULLON		X	X			

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

DATE OF VOTE: 02/05/2020



Matthew Conlon, RMC, Municipal Clerk

