

RESOLUTION NO. 2016-_____

A RESOLUTION TO AUTHORIZE PARTICIPATION IN THE STATE HEALTH BENEFITS PROGRAM AND/OR SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM OF THE STATE OF NEW JERSEY.

(SEE ATTACHED RESOLUTION)

Adopted:

President of Council

ATTEST:

City Clerk

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
STATE HEALTH BENEFITS PROGRAM
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
PO BOX 299 TRENTON, NEW JERSEY 08625-0299

RESOLUTION

A RESOLUTION to authorize participation in the State Health Benefits Program and/or School Employees' Health Benefits Program of the State of New Jersey.

BE IT RESOLVED:

- 1. The City of Vineland 21-6001670 hereby elects to participate in the Health Program provided by the New Jersey State Health Benefits Act...
2. A. [] We elect to participate in the Employee Prescription Drug Plan... B. [x] We will be maintaining Benecard as our prescription drug plan...
3. A. [] We elect to participate in the Employee Dental Plans... B. [x] We will be maintaining Delta Dental as our dental plan...
4. We elect 30 hours per week (average) as the minimum requirement for full time status...
5. As a participating employer we will remit to the State Treasury all charges due on account of employee and dependent coverage...
6. We hereby appoint Rosalia Gonzalez, Personnel Director to act as Certifying Officer...
7. This resolution shall take effect immediately and coverage shall be effective as of January 1, 2017 or as soon thereafter as it may be effectuated pursuant to the statutes and regulations...

NOTE: AN INDIVIDUAL IS PERMITTED COVERAGE AS AN EMPLOYEE, RETIREE, OR DEPENDENT. MULTIPLE COVERAGE UNDER THE SHBP OR SEHBP IS PROHIBITED.
1 If not electing prescription drug coverage and/or dental plan participation through the State Health Benefits Program or School Employees' Health Benefits Program, attach copies of the current prescription drug and dental plan contracts.
2 As of 6/1/2010, may not be less than 25 hours per week for employees, or 35 hours per week for elected or appointed officials.

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

City of Vineland
CORPORATE NAME OF EMPLOYER
on the day of , 20.
SIGNATURE
Municipal Clerk
OFFICIAL TITLE

700
NUMBER OF EMPLOYEES
640 E. Wood Street
STREET ADDRESS
Vineland, NJ 08360
CITY STATE ZIP CODE
856 794-4000
AREA CODE TELEPHONE
216001670
EMPLOYER'S STATE SOCIAL SECURITY IDENTIFICATION NUMBER