CITY OF VINELAND, NJ

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:					
ATTEST:	President of Council				

City Clerk

BE IT RESOLVED:

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.

1.	TheCity of Vineland		21-6001670)				
	CORPORATE NAME OF EMPLOYER hereby elects to participate in the Health Program provided by Jersey (N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2) and ents thereunder in accordance with the statute and regulating School Employees' Health Benefits Commission.	STATE SOCIAL SECURITY I.D. NUMBER y the New Jersey State Health Benefits Act of the State of New d to authorize coverage for all the employees and their depend ons adopted by the State Health Benefits Commission and/o						
2.	A. We elect to participate in the Employee Prescription D coverage for all employees and their dependents in accordar Benefits Commission and/or School Employees' Health Benefits	nce with the statute a	N.J.S.A. 52:14- and regulations a	17.25 et s adopted b	seq. and authorize by the State Health			
	B. We will be maintaining Benecard NAME OF PLAN design to the State Employee Prescription Drug Plan.	as our prescript	ion drug plan. ¹ T	his plan i	is comparable in			
	C.	and understand tha	at prescription di	rug cover	age will be provid-			
3.	A. \square We elect to participate in the Employee Dental Plans for all employees and their dependents in accordance with the Commission.							
	B. 🖾 We will be maintaining Delta Dental NAME OF PLAN	as our dental pl	an. ¹					
	C. We will not have a dental plan.							
4.	We elect 30 hours per week (average) as the minir 17:9-4.6.	mum requirement fo	r full time status	in accord	ance with <u>N.J.A.C</u>			
5.	As a participating employer we will remit to the State Trea coverage and periodic charges in accordance with the repromulgated thereunder.	quirements of the s	e on account o	f employe rules and	ee and dependen d regulations duly			
6.	We hereby appoint Rosalia Gonzalez, Personnel Director				to act as			
	NAME/TITLE Certifying Officer in the administration of this program.							
7.	This resolution shall take effect immediately and coverage shall take effect immediately and coverage shall be a second or shall take effect immediately and coverage shall be a second or shall take effect immediately and coverage shall be a second or shall be a		L	DAIL				
	or as soon thereafter as it may be effectuated pursuant to the provisions of N.J.S.A. 17:9-1.4).	ne statutes and regu	ılations (can be	no less ti	han 75 or 90 days			
NOT	E: AN INDIVIDUAL IS PERMITTED COVERAGE AS AN EMPLOYEE, RETIREE, OR 1 If not electing prescription drug coverage and/or dental plan participation through attach copies of the current prescription drug and dental plan contracts.	h the State Health Benefits	Program or School Er	E SHBP OR mployees' He	SEHBP IS PROHIBITED. ealth Benefits Program,			
Lh	As of 6/1/2010, may not be less than 25 hours per week for employees, or 35 hereby certify that the foregoing is a true and correct	ours per week for elected (
copy of a resolution duly adopted by the:			700					
			NUMBER OF EMPLOYEES					
	City of Vineland	640 E. Wood	640 E. Wood Street					
	CORPORATE NAME OF EMPLOYER		STREET A					
on	the, 20	Vineland,		NJ	08360			
		СІТҮ 856	794-4000	STATE	ZIP CODE			
	SIGNATURE	AREA CODE	TELEPHON	1E				
	Municipal Clerk		216001670					
	OFFICIAL TITLE	EMPLOYER'S STATE SOCIAL SECURITY IDENTIFICATION NUMBER						