

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS

New Jersey State Health Benefits Program

PO BOX 299
TRENTON, NJ 08625-0299

RESOLUTION

A RESOLUTION to adopt the provisions of N.J.S.A. 52:14.17.38 under which a public employer may agree to pay for the State Health Benefits Program (SHBP) coverage of certain retirees.

BE IT RESOLVED:

The Township of Mount Olive, Morris, 0173-00
(CORPORATE NAME OF EMPLOYER - COUNTY - STATE HEALTH BENEFITS PROGRAM ID NUMBER)

hereby elects to adopt the provisions of NJSA 52:14-17.38 and adhere to the rules and regulations promulgated by the State Health Benefits Commission to implement the provisions of that law. This resolution affects employees as shown on the attached Chapter 48 Resolution Addendum. It is effective on the 1st day of May, 2010.
(MONTH) (YEAR)

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 or Chapter 48 Resolution adopted previously by this governing body.

We agree that this Resolution will remain in effect until properly amended or revoked with the State Health Benefits Program. We recognize that, while we remain in the State Health Benefits Program, 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.

We understand that we are required to provide the Division of Pensions and Benefits 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 Division 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

Township of Mount Olive
CORPORATE NAME OF EMPLOYER

204 Flanders-Drake town Rd.
ADDRESS

on the _____ day of _____, _____

Budd Lake, NJ 07828

SIGNATURE

OFFICIAL TITLE

(973) 691-0900
TELEPHONE NUMBER

