

HB-0077-1213

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 Montgomery Township Board of Education 226002100
CORPORATE NAME OF EMPLOYER STATE SOCIAL SECURITY I.D. NUMBER
 hereby elects to participate in the Health Program provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.
2. A. We elect to participate in the Employee Prescription Drug Plan defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.
 B. We will be maintaining Benecard as our prescription drug plan.¹ This plan is comparable in design to the State Employee Prescription Drug Plan.
NAME OF PLAN
 C. We will not have a stand-alone prescription drug plan and understand that prescription drug coverage will be provided based on the medical plan chosen by the subscriber.
3. A. We elect to participate in the Employee Dental Plans defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission.
 B. We will be maintaining Horizon Blue Cross as our dental plan.¹
NAME OF PLAN
 C. We will not have a dental plan.
4. We elect 20² hours per week (average) as the minimum requirement for full time status in accordance with N.J.A.C. 17:9-4.6.
5. As a participating employer we will remit to the State Treasury all charges due on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.
6. We hereby appoint Annette M. Wells, School Business Administrator/Board Secretary to act as Certifying Officer in the administration of this program.
NAME/TITLE
7. This resolution shall take effect immediately and coverage shall be effective as of September 1, 2015
DATE
 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 N.J.S.A. 17:9-1.4).

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:

Montgomery Township Board of Education
CORPORATE NAME OF EMPLOYER

on the 19 day of May, 2015.

SIGNATURE

OFFICIAL TITLE

Seven Hundred Fifty (750)
NUMBER OF EMPLOYEES

1014 Route 601
STREET ADDRESS

Skillman New Jersey 08558
CITY STATE ZIP CODE

(609) 466-7617
AREA CODE TELEPHONE

226002100
EMPLOYER'S STATE SOCIAL SECURITY IDENTIFICATION NUMBER