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

## NEW JERSEY STATE HEALTH BENEFITS PROGRAM SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

PO BOX 299 Trenton, New Jersey 08625-0299

## RESOLUTION 2014-300

A **RESOLUTION** to terminate participation under the New Jersey State Health Benefits Program Act of the State of New Jersey for **Prescription Drug Coverage only**.

		VED:

1.	The Township of Barnegat			
	Name of Employer			
	hereby resolves to terminate its participation in the State Employee Prescription Drug Planthereby canceling prescription drug coverage provided by the New Jersey State Health Benefits Program or the School Employees' Health Benefits Program (N.J.S.A. 52:14-17.25 et seq. for all its active employees.			
2.	We shall notify all active employees of the date of their termination of coverage under the program.			
3.	We understand that all COBRA participants will be notified by the Division of Pensions an Benefits and advised to contact our office concerning a possible alternative prescription dru program.			
4.	We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the State Health Benefits Commission or the School Employees' Health Benefits Commission.			
5.	We understand that this plan must be comparable in design, as determined by the Commission to the State Employee Prescription Drug Plan.			
	eby certify that the foregoing is a true and correct copy esolution duly adopted by the:			
Tow	nship of Barnegat  Corporate Name of Employer			
on the	e <u>5<sup>th</sup></u> day of <u>May</u> , 20 <u>14</u> .			
	Signature			
Shar	on L. Auer, Acting Municipal Clerk  Official Title  Please complete the reverse side of this form.			
	i lease complete the reverse side of this form.			

## PLEASE COMPLETE AND COMPLY WITH THE FOLLOWING:

A.	Employer New Jersey State Health Benefits Program/School Employees' Health Benefits Program Identification Number: 054900
B.	New Prescription Drug Carrier: Benecard
C.	Reason for termination of the State Employee Prescription Drug Plan: Premium Savings
D.	In accordance with N.J.S.A. 18A:16-21 and 40A:10-25, you must file a copy of your new contract with the State Health Benefits Commission or the School Employees' Health Benefits Commission. Please submit a copy of the new contract with this completed resolution.