State Health Benefits Program (SHBP)

RESOLUTION

A Resolution for Local Government Employees to Limit the Medical Plans Offered Under the SHBP.

BE IT RESOLVED:

The _____   _____

Corporate Name of Employer   *SHBP Employer Location Number*

will not offer the following plans:

Note: Check the plans your location will not be offering. You must offer at least one plan from each category.

CATEGORY 1		CATEGORY 2
☐ NJ DIRECT/NJ DIRECT 2019 ☐ NJ DIRECT10 ☐ NJ DIRECT15 ☐ HORIZON HMO		☐ NJ DIRECT1525 ☐ NJ DIRECT2030
CATEGORY 3		**CATEGORY 4**
☐ OMNIA HEALTH PLAN		☐ NJ DIRECT2035
CATEGORY 5		
☐ NJ DIRECT HD4000 ☐ NJ DIRECT HD1500		

Upon receipt of this resolution, the Health Benefits Bureau will schedule a Special Open Enrollment for active employees currently enrolled in any plan that will no longer be offered. These employees must submit a *Health Benefits Enrollment and/or Change Form* to change medical plans during the Special Open Enrollment or will otherwise be terminated from coverage. Resolutions may be filed once in a calendar year.

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

_____   _____/_____/_____

Corporate Name of Employer   *mm   dd   yyyy*

_____

Street Address   *City*   *State*   *Zip Code*

_____

Area Code   *Telephone Number*

_____   _____

Signature   *Official Title*

_____   _____

Number of Employees   *Employer's State Employer Identification Number (EIN)*

Mail Completed Resolution to: **New Jersey Division of Pensions & Benefits**
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299