HA-0893-1019

School Employees' Health Benefits Program (SEHBP)

# RESOLUTION

## A Resolution for Education Employers to Limit the Medical Plans Offered under the SEHBP.

BE IT RESOLVED:

The _____ _____
*Corporate Name of Employer* *SHEBP Employer Location Number*

Will not offer the following plan(s):

**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 ZERO | ☐ NJ DIRECT10 | ☐ NJ DIRECT1525 | ☐ Horizon HMO1525 |
| ☐ NJ DIRECT15 | ☐ Horizon HMO | | |
| **CATEGORY 3** | | **CATEGORY 4** | |
| ☐ NJ DIRECT2030 | ☐ Horizon HMO2030 | ☐ NJ DIRECT2035 | ☐ Horizon HMO2035 |
| **CATEGORY 5** | | | |
| ☐ 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**