HB-80-182-0619

State Health Benefits Program (SHBP)
School Employees' Health Benefits Program (SEHBP)

RESOLUTION

A Resolution to Authorize Participation in the Employee Prescription Drug Program.

BE IT RESOLVED:

1. The ______________________________ (*Corporate Name of Employer*) ______________________________ (*SHBP/SHEBP Employer Location Number*) ,

   a participating employer in the SHBP/SEHBP, hereby elects to participate in the Employee Prescription Drug Program provided by the New Jersey State Health Benefits Act (N.J.S.A. 52:14-17.25 et seq.) 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/School Employees' Health Benefits Commission (SHBC/SEHBC).

2. 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.

3. We hereby appoint ______________________________ (*Name/Title*) to act as Certifying Officer in the administration of this program.

4. This resolution shall take effect immediately and coverage shall be effective as of ____/____/______ (*mm dd yyyy*), or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

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)* ______________________________ *Present Prescription Drug Carrier*

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