



State Health Benefits Program (SHBP)  
Local Government Employers  
**RETIRED RX RESOLUTION**

**A Resolution to Terminate Participation Under the SHBP for Retired Prescription Drug Coverage Only.**

BE IT RESOLVED:

1. The \_\_\_\_\_  
*Name of Employer* *SHBP Employer Location Number*

hereby resolves to terminate its participation in the State Employee Prescription Drug Plan thereby canceling prescription drug coverage provided by the SHBP (N.J.S.A. 52:14-17.25 et seq.) for all its retired employees.

- 2. We shall notify all retired employees of the date of their termination of coverage under the Program.
- 3. We understand that we must notify all participants in the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).
- 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 Health Benefits Bureau.
- 5. We understand that this plan must be comparable in design, as determined by the Commission, to the State Employee Prescription Drug Plan. All Medicare Part D Plans must be Employer Group Wrap Plans (EGWP).

**Please complete and comply with the following:**

New Prescription Drug Carrier \_\_\_\_\_

Reason for termination of the State Employee Prescription Drug Plan \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with N.J.S.A. 40A:10-25, you must file a copy of your new contract with the Health Benefits Bureau. Please submit a copy of the new contract with this completed resolution.

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

\_\_\_\_\_  
*Signature* *Official Title*

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