

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
STATE HEALTH BENEFITS PROGRAM
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
PO BOX 299 TRENTON, NJ 08625-0299

RESOLUTION

A RESOLUTION to authorize a change in the average number of hours of employment per week required for "full-time" status for participation in the State Health Benefits Program and/or School Employees' Health Benefits Program in accordance with N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2.

BE IT RESOLVED:

1. The _____,
NAME OF EMPLOYER - COUNTY SHBP/SEHBP LOCATION NUMBER
a participating employer in the State Health Benefits Program and/or School Employees' Health Benefits Program, hereby designates _____* hours per week (average) as the minimum requirement for the full-time status in accordance with N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2.

*As of June 1, 2010, may not be less than 25 hours per week for employees, or less than 35 hours per week for elected or appointed officials.

2. This change in the number of hours of employment required for State Health Benefits Program and/or School Employees' Health Benefits Program eligibility applies to: (check one)

[] ALL EMPLOYEES — We will inform employees currently enrolled in the State Health Benefits Program and/or School Employees' Health Benefits Program who do not work the minimum number of hours per week required to participate in the Program of this change and their termination from coverage. We will distribute COBRA notices to these employees and access the Employer Pensions and Benefits Information Connection (EPIC) and complete the online Transmittal of Deletions to terminate affected employees from coverage. We understand termination of coverage will occur thereafter in accordance with the statutes and regulations of the State Health Benefits Program and/or School Employees' Health Benefits Program.

[] EMPLOYEES HIRED AFTER _____
DATE

Current employees eligible for participation in the State Health Benefits Program and/or School Employees' Health Benefits Program under the previous full-time hours of employer definition will be permitted to continue coverage in the Program. The new designation of minimum number of hours worked per week for full-time status as designated in section one (1) will not apply to employees hired prior to the above date.

3. This resolution shall take effect immediately and the change in full time hours shall be effective as of _____ (allow over 60 days) or as soon thereafter as it may be effectuated
DATE
pursuant to the statutes and regulations.

NOTE: AN INDIVIDUAL IS PERMITTED COVERAGE AS AN EMPLOYEE, RETIREE, OR DEPENDENT.
MULTIPLE COVERAGE UNDER THE SHBP OR SEHBP IS PROHIBITED.

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

CORPORATE NAME OF EMPLOYER

on the _____ day of _____, 20 ____.

SIGNATURE

OFFICIAL TITLE