

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, NEW JERSEY 08625-0299

CHAPTER 48, P.L. 1999

**SHBP/SEHBP PARTICIPATING EMPLOYER PAYMENT
OF POST-RETIREMENT MEDICAL COSTS**

Chapter 48, P.L. 1999, provides eligible participating local employers* considerable flexibility in managing their post-retirement medical costs. It also brings State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) eligibility standards for employer-paid coverage into alignment with local government laws.

Chapter 48, P.L. 1999, essentially does the following:

- (1) It gives eligible employers greater flexibility in defining which employees qualify for post-retirement medical benefits.
- (2) It allows an eligible local employer to negotiate payment obligations for post-retirement medical coverage.

It is important to note that Chapter 48, P.L. 1999 applies only to *post-retirement* medical coverage. It *does not* allow the SHBP or SEHBP participating employer to negotiate payment obligations for coverage of its active employees.

A *Resolution* form is provided in this packet, should your location be interested in adopting the provisions of Chapter 48, P.L. 1999. Both the *Resolution* and *Resolution Addendum* must be completed and submitted to the Health Benefits Bureau of the Division of Pensions and Benefits in order to take advantage of the provisions of this law. Additionally, copies of all applicable contracts, ordinances, and resolutions requiring or authorizing post-retirement medical payments must be submitted with the *Resolution*.

To submit your *Resolution*, you must enter the name of the employer, the county, the employer's SHBP/SEHBP identification number, the month and year the *Resolution* will be effective, and the identifying information requested on the bottom of the form. You must also complete the attached *Resolution Addendum* (instructions are on the reverse side of the addendum).

Mail the *Resolution*, the *Resolution Addendum*, and copies of all applicable contracts, ordinances, and resolutions requiring or authorizing post-retirement medical payments to the Health Benefits Bureau, Division of Pensions and Benefits, PO Box 299, Trenton, NJ 08625-0299.

If you have any further questions concerning this resolution, you may write to us at the address shown above or send e-mail to: pensions.nj@treas.state.nj.us Please be sure to include your name, telephone number, e-mail address, employing location, and your specific question in the correspondence.

*The State, State colleges and universities, State agencies and authorities, the Palisades Interstate Park Commission, and the New Jersey Commerce and Economic Growth Commission are not eligible.

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RESOLUTION

A RESOLUTION to adopt the provisions of Chapter 48 (N.J.S.A. 52:14.17.38) under which a public employer may agree to pay for the State Health Benefits Program (SHBP) and/or School Employees' Health Benefits Program (SEHBP) coverage of certain retirees.

BE IT RESOLVED:

- The _____
CORPORATE NAME OF EMPLOYER - COUNTY SHBP/SEHBP ID NUMBER
hereby elects to adopt the provisions of N.J.S.A. 52:14-17.38 and adhere to the rules and regulations promulgated by the State Health Benefits Commission and School Employees' Health Benefits Commission to implement the provisions of that law.
- This resolution affects employees as shown on the attached Chapter 48 *Resolution Addendum*. It is effective on the 1st day of _____, _____.
MONTH YEAR
- We are aware that adoption of this resolution does not free us of the obligation to pay for post-retirement medical benefits of retirees or employees who qualified for those payments under any *Chapter 88 Resolution* or *Chapter 48 Resolution* adopted previously by this governing body.
- We agree that this *Resolution* will remain in effect until properly amended or revoked with the SHBP and/or SEHBP. We recognize that, while we remain in the SHBP and/or SEHBP, we are responsible for providing the payment for post-retirement medical coverage as listed in the attached *Chapter 48 Resolution Addendum* for all employees who qualify for this coverage while this *Resolution* is in force.
- We understand that we are required to provide the Division of Pensions and Benefits complete copies of all contracts, ordinances, and resolutions that detail post-retirement medical payment obligations we undertake. We also recognize that we may be required to provide the Division with information needed to carry out the terms of this *Resolution*.

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

_____	_____
CORPORATE NAME OF EMPLOYER	ADDRESS
on the _____ day of _____, 20_____	_____
_____	_____
SIGNATURE	CITY STATE ZIP CODE
_____	_____
OFFICIAL TITLE	AREA CODE TELEPHONE NUMBER

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RESOLUTION ADDENDUM INSTRUCTIONS

You must complete the *Resolution Addendum* along with the *Resolution* to adopt the provisions of Chapter 48, P.L. 1999. The following information is requested on the *Resolution Addendum*:

1. Enter the month and year the *Resolution* will become effective (must agree with the month and year shown on the *Resolution*).
2. Check appropriate box indicating the coverage(s) that form is being used for. (medical, dental, both).
3. Enter the corporate name of the employer, the county, and the employer's SHBP or SEHBP Identification Number.
4. Enter the following information in the corresponding columns:

Class of Employees (i.e., police officers, clerical workers, bargaining unit (i.e., PBA, CWA), Nonaligned, Individual(s), etc.

Explanation of N.J.S.A. 52:14-17.38 Provisions:

- 1 = Retired on a disability pension;
- 2 = Retired with 25 or more years of service
- 2a= Number of years of service with the employer not greater than 25 years;
- 3 = Retired upon or after the age of 65 or older with 25 years of service.
- 3a= Number of years of service with the employer not greater than 25 years;
- 4 = Retired upon or after the age of 62 with 15 or more years of service with the employer.

NOTE: If no minimum years of service are required please indicate with an N/A in appropriate box.

NOTE: An age requirement is not permitted under provisions 1 or 2, provisions 3 and 4 already have an age requirement.

5. **Check "Yes" or "No" to indicate if the employees are:**

Premium Payment Retiree's;
Premium Payment Dependents;
Medicare Reimbursement;
Premium Payment Surviving Spouses;
If Benefits apply to current Retirees;
If Benefits do not apply to current Retirees give effective date

For items that are answered "Yes," indicate % the employer is paying — 0% to 100%.

6. Enter the date on which the *Resolution* is being submitted, the name and phone number of the Certifying Officer, and name and address of the adopting employer.
7. Attach copies of all applicable contracts, ordinances, and resolutions requiring or authorizing post-retirement medical payments.