



State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
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TO: Local Employers Participating in the State Health Benefits Program
FROM: New Jersey State Health Benefits Program
SUBJECT: CHAPTER 48, P.L. 1999 LEGISLATION: SHBP Participating Employer Payment of Post-Retirement Medical Costs

Chapter 48, P.L. 1999 provides eligible participating local employers considerable flexibility to manage their post-retirement medical costs. (*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.*) It also brings State Health Benefits Program (SHBP) 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 by using the age and service requirements of the local government laws N.J.S.A. 40A:10-23.
- (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 participating employer to negotiate payment obligations for coverage of its active employees.

A *Resolution* form is provided with this letter, 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 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 *Chapter 48 Resolution*.

To submit your *Resolution*, you must enter the name of the employer, the county, the employer's State Health Benefits identification number, the month and year the *Resolution* will be effective, and the information requested on the bottom of the form. You must complete the attached *Resolution Addendum* (the 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: NJSHBP, 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, location, telephone number, e-mail address, employing location, and specific question in your correspondence.

Attachment

HR-0426-0608

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS

New Jersey State Health Benefits Program

PO BOX 299
TRENTON, NJ 08625-0299

RESOLUTION

A RESOLUTION to adopt the provisions of N.J.S.A. 52:14.17.38 under which a public employer may agree to pay for the State Health Benefits Program (SHBP) coverage of certain retirees.

BE IT RESOLVED:

The _____
(CORPORATE NAME OF EMPLOYER - COUNTY - STATE HEALTH BENEFITS PROGRAM 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 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 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 State Health Benefits Program. We recognize that, while we remain in the State Health Benefits Program, 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 _____, _____	_____
_____	_____
SIGNATURE	
_____	_____
OFFICIAL TITLE	TELEPHONE NUMBER

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS

New Jersey State Health Benefits Program

PO BOX 299
TRENTON, NJ 08625-0299

RESOLUTION ADDENDUM INSTRUCTIONS

You must complete the Resolution Addendum (on the reverse side of this instruction sheet) with the Resolution for Chapter 48. The following information is requested on the 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 that form is being used for. (medical, dental, both)
3. Enter the corporate name of the employer, the county, and the employer State Health Benefit Program 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.

5. **Check “Yes” or “No” to indicate if the employees are:**
Premium Payment Retiree's,
Premium Payment Dependents,
Medicare Reimbursement, and/or;
Premium Payment Surviving Spouses.
Do Benefits apply to current Retiree's
If Benefits do not apply to current Retiree's give effective date
(If yes, indicate % the employer is paying — 0% to 100%).

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

6. Enter the date on which the Resolution is being submitted and **the name** and phone number of the Certifying Officer.
7. You must also attach copies of all applicable contracts, ordinances, and resolutions requiring or authorizing postretirement medical payments.