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 SHBP and/or SEHBP Coverage of Certain Retirees.

BE IT RESOLVED:

1. The ____________________________ ____________________________
   Corporate Name of Employer  SHBP/SHEBP Employer Location 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.

2. This resolution affects employees as shown on the attached Chapter 48 Resolution Addendum. It is effective on the 1st day of __________________________ , ____________.

3. 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.

4. 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 participate with 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.

5. We understand that we are required to provide the New Jersey Division of Pensions & Benefits (NJDPB) 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 NJDPB 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  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)

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

Please complete page 2 of this form.
Please read instructions on reverse side before completing this form.

Effective Date of Resolution [mm/dd/yyyy]  Form to be used for: Medical ☐ Dental ☐ Both ☐

Employer Name ____________________________________________

CLASS OF EMPLOYEES
Examples: police officers, clerical workers, bargaining unit (PBA, CWA), nonaligned, or individual(s)

<table>
<thead>
<tr>
<th>N.J.S.A. 52:14-17.38 Provisions Adopted</th>
<th>Premium Payment Retirees</th>
<th>Premium Payment Dependents</th>
<th>Medicare Reimbursement</th>
<th>Premium Payment Surviving Spouses</th>
<th>Do Benefits Apply to Current Retirees</th>
<th>If Benefits do Not Apply to Current Retirees, Give Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Retired on a Disability Retirement</td>
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<td>2) Retired w/25 or + years of service</td>
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<td>2a) Number of years service employer</td>
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<td>3) Retired age 65 + w/25 years service</td>
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<td>3a) Number of years service employer</td>
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<td>4) Retired 62 or older w/15 years</td>
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<td>service employer</td>
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<td>4a) Number of years service employer</td>
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</table>

Note: An age requirement is not permitted on Option 1 or 2; Option 3 and 4 already have an age requirement.

Date Resolution Submitted ____________________________ Name of Certifying Officer ______________________ Area Code and Telephone Number ____________________________