

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

RESOLUTION

A RESOLUTION to authorize a change in the percentage of dependent coverage to be paid by the employer.

BE IT RESOLVED:

1. The _____
NAME OF EMPLOYER — COUNTY
a participating employer under the State Health Benefits Program and/or School Employees' Health Benefits Program hereby elects to authorize a change in the percent of premiums paid for employee and/or dependent coverage by the employer.
 - a.) We authorize _____ percent of employee coverage to be paid.*
 - b.) We authorize _____ percent of dependent coverage to be paid.*

**If a different percent of premiums applies to separate bargaining groups or employees with no majority representative, indicate the name of the group and the percent of premiums paid on a separate sheet.*
2. In accordance with N.J.S.A. 52:14-17.38, we shall remit to the State Treasury all contributions to premiums on account of employee and dependent coverage and periodic charges.
3. We shall resolicit all affected eligible employees for completion of health benefit enrollment applications to be submitted to the Health Benefits Bureau of the Division of Pensions and Benefits within the prescribed time limit.
4. This resolution shall take effect immediately and the change in percent of employee and/or dependent premium paid by the employer shall be effective as of _____
DATE
or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

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

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

Employer State Health Benefits Identification Number (EIN): _____