

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 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 Township of Montclair 22-6002094  
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 January, 2017.  
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

205 Claremont Avenue  
ADDRESS

on the 20th day of September , 2016

\_\_\_\_\_  
SIGNATURE

Montclair NJ 07042  
CITY STATE ZIP CODE

\_\_\_\_\_  
OFFICIAL TITLE

973-509-4900  
AREA CODE TELEPHONE NUMBER

