

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 participation in the State Health Benefits Program and/or School Employees' Health Benefits Program of the State of New Jersey.

BE IT RESOLVED:

1. The Township of Montclair Police/Fire Departments 22-6002094  
CORPORATE NAME OF EMPLOYER STATE SOCIAL SECURITY I.D. NUMBER  
 hereby elects to participate in the Health Program provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.
  2. A.  We elect to participate in the Employee Prescription Drug Plan defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.
    - B.  We will be maintaining \_\_\_\_\_ as our prescription drug plan.<sup>1</sup> This plan is comparable in design to the State Employee Prescription Drug Plan.  
NAME OF PLAN
    - C.  We will not have a stand-alone prescription drug plan and understand that prescription drug coverage will be provided based on the medical plan chosen by the subscriber.
  3. A.  We elect to participate in the Employee Dental Plans defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission.
    - B.  We will be maintaining Delta Dental, Flagship, Healthplex as our dental plan.<sup>1</sup>  
NAME OF PLAN
    - C.  We will not have a dental plan.
  4. We elect 30<sup>2</sup> hours per week (average) as the minimum requirement for full time status in accordance with N.J.A.C. 17:9-4.6.
  5. As a participating employer we will remit to the State Treasury all charges due on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.
  6. We hereby appoint Timothy F. Stafford, Esq., Acting Township Manager to act as Certifying Officer in the administration of this program.  
NAME/TITLE
  7. This resolution shall take effect immediately and coverage shall be effective as of 01/01/2017  
DATE  
 or as soon thereafter as it may be effectuated pursuant to the statutes and regulations (can be no less than 75 or 90 days pursuant to the provisions of N.J.S.A. 17:9-1.4).

NOTE: AN INDIVIDUAL IS PERMITTED COVERAGE AS AN EMPLOYEE, RETIREE, OR DEPENDENT. MULTIPLE COVERAGE UNDER THE SHBP OR SEHBP IS PROHIBITED.

<sup>1</sup> If not electing prescription drug coverage and/or dental plan participation through the State Health Benefits Program or School Employees' Health Benefits Program, attach copies of the current prescription drug and dental plan contracts.

<sup>2</sup> As of 6/1/2010, may not be less than 26 hours per week for employees, or 35 hours per week for elected or appointed officials.

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

Township of Montclair Police/Fire Departments  
CORPORATE NAME OF EMPLOYER  
 on the 4<sup>th</sup> day of October, 2016.  
[Signature]  
SIGNATURE  
Municipal Clerk  
OFFICIAL TITLE

194  
NUMBER OF EMPLOYEES  
205 Claremont Avenue  
STREET ADDRESS  
Montclair, NJ 07042  
CITY STATE ZIP CODE  
973-508-4900  
AREA CODE TELEPHONE  
22-6002094  
EMPLOYER'S STATE SOCIAL SECURITY IDENTIFICATION NUMBER

**RECORD OF COUNCIL VOTE**

	YES	NO	ABS	N.V.	AB		YES	NO	ABS	N.V.	AB
Councilor Baskerville	✓					Councilor Schlager	✓				
Deputy Mayor Hurlock	✓					Councilor Spiller	✓				
Councilor McMahon	✓					Mayor Jackson	✓				
Councilor Russo	✓										

X - Indicate Vote    ABS - Abstain    N.V. - Not Voting    AB - Absent

I HEREBY CERTIFY the foregoing to be a true copy of a resolution adopted by the Council of the Township of Montclair, in the County of Essex, at its meeting held on October 4, 2016

  
 Linda S. Wanat  
 Clerk of the Township of Montclair, N.J.