



State Health Benefits Program (SHBP)

Local Government Employers

RESOLUTION FOR TERMINATION OF RETIRED RX

To be completed by the employing agency's Certifying Officer.

A Resolution to Terminate Participation Under the SHBP for Retired Prescription Drug Coverage Only.

BE IT RESOLVED:

- 1. The _____ Name of Employer _____ SHBP Employer Location Number _____ hereby resolves to terminate its participation in the State Employee Prescription Drug Plan thereby canceling prescription drug coverage provided by the SHBP (N.J.S.A. 52:14-17.25 et seq.) for all its retired employees.
2. We shall notify all retired employees of the date of their termination of coverage under the Program.
3. We understand that we must notify all participants in the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).
4. We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the Health Benefits Bureau.
5. We understand that this plan must be comparable in design, as determined by the Commission, to the State Employee Prescription Drug Plan. All Medicare Part D Plans must be Employer Group Wrap Plans (EGWP).

Please complete and comply with the following:

New Prescription Drug Carrier _____
Reason for termination of the State Employee Prescription Drug Plan _____

In accordance with N.J.S.A. 40A:10-25, you must file a copy of your new contract with the Health Benefits Bureau. Please submit a copy of the new contract with this completed resolution.

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

Corporate Name of Employer _____ Phone Number _____
Street Address _____ City _____ State _____ Zip Code _____
Print Name _____ Official Title _____ Email Address _____
Signature _____ Date _____
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
Email Completed Resolution to: HBRetired@treas.nj.gov