

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS  
**NEW JERSEY STATE HEALTH BENEFITS PROGRAM**  
PO Box 299 Trenton, New Jersey 08625-0299

## RESOLUTION

**A RESOLUTION** to terminate participation under the New Jersey State Health Benefits Program (which includes Prescription Drug Program and/or Dental Plan coverage).

**BE IT RESOLVED:**

1. The Township of West Orange - Essex  
Corporate Name of Employer — County  
hereby resolves to terminate its participation in the program (including Prescription Drug and/or Dental Plan) thereby canceling coverage provided by the New Jersey State Health Benefits Program (N.J.S.A. 52:14-17.25 et seq.) for all its active and retired employees.
2. We shall notify all active employees of the date of their termination of coverage under the program.
3. We understand that the Division of Pensions and Benefits will notify retired employees of the cancellation of their coverage.
4. We understand that all COBRA participants will be notified by the Division of Pensions and Benefits and advised to contact our office concerning a possible alternative health, prescription drug, and dental insurance program.
5. 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 State Health Benefits Commission.

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

Township of West Orange

Corporate Name of Employer

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Mayor

Official Title

66 Main Street

Street Address

West Orange, NJ 07052

City

State

Zip Code

973

325-4050

Area Code

Telephone #

Please complete the reverse side of this form.

**PLEASE COMPLETE AND COMPLY WITH THE FOLLOWING:**

- A. Employer New Jersey State Health Benefits Program  
Identification Number

\_\_\_\_\_

- B. Type of funding method with the new contract:

1. Conventionally insured fully insured
2. Minimum premium \_\_\_\_\_
3. Administrative Services Only (ASO) \_\_\_\_\_
4. Other (please list) \_\_\_\_\_

\_\_\_\_\_

- C. New Health Carrier Horizon Blue Cross Blue Shield

- D. New Prescription Drug Carrier GS POPS

- E. New Dental Plan Carrier \_\_\_\_\_

- F. Reason for termination of the State Program price

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- G. In accordance with N.J.S.A. 18A:16-21 and 40A:10-25, you must file a copy of your new contract with the State Health Benefits Commission. Please submit a copy of the new contract with this completed resolution.