COUNTY OF OCEAN
ELECTRONIC DEVICE AND SYSTEM ACCEPTABLE USE POLICY

Adoption/Issue Date: September 7, 2022

Issued by: Ocean County Board of Commissioners

Effective date: September 8, 2022

1. **Mission**
The Ocean County Board of Commissioners is committed to providing all County of Ocean employees with the most advanced technologies and equipment in order to provide quality services in the most cost effective manner. County Departments may supplement this Policy as needed or desired, so long as such supplements are consistent with the Policy and are approved by the Ocean County Information Technology Steering Committee.

2. **Scope**
This policy applies to all County Departments, County Employees, contractors, consultants, temporary workers, and others who develop, operate and/or administer information systems and resources for systems.

3. **Consent**
By accessing any of the County's electronic devices and/or information technology systems the user consents to the County's policies, including Department-specific policies, regarding their use.

4. **Definitions**
As used in this policy, unless the context clearly requires a different meaning, the following words shall have the meaning indicated:
   - Access - means the ability to receive, use, view and manipulate data and operate controls of electronic devices and/or information technology systems that are the property of Ocean County.
   - County-provided - means electronic devices, systems and/or access provided by the County.
   - County Systems - interconnected computers that share a central storage system and various peripheral devices such as desktop computers, servers, printers, scanners, or network devices.
   - Electronic Communication - shall include, but is not limited to, any electronic mail (e-mail), text messages, Internet Web forums, Instant Messaging (IM), Internet chat rooms and FAX. Electronic communication may utilize the written word, symbol, image, video or audio file.
   - Electronic Devices and/or Information Technology Systems - shall include, but are not limited to, computers, tablets, laptops, IPads, cellular phones, smartphones, cellular devices, digital cameras, digital hardware

and software and peripheral electronic devices.

- Sexually Explicit Content - means content having as a primary theme (i) any lascivious description of or (ii) any lascivious picture, photograph, drawing, video, digital image or similar visual representation depicting a lewd exhibition of nudity, sexual excitement, or sexual conduct.
- Social Media - means websites and/or applications that allow individuals to create, share, and participate in personal and social communication.
- Streaming Media - is media sent in a continuous stream and is played as it arrives and is generally video or audio files.

5. No Privacy Expectations

The County reserves the right, without prior notice, to monitor, intercept, read, copy, capture, and disclose, for any purpose, the content of any information sent to and from, or stored on the County's infrastructure, computing devices, and computer systems – including e-mail, attachments to e-mail, electronic communications, internet pages and logs. All users, including County employees, using the County's infrastructure or Internet, county electronic mail or any County issued electronic device agrees to waive any right to privacy of the information, and consent to such information being accessed and disclosed by County personnel. The County may disclose or use any information monitored, intercepted, read, copied or captured to authorized personnel or law enforcement so that the information can be used for disciplinary action, civil litigation or criminal prosecution. The County may release or provide data or information if directed to do so by operation of law, pursuant to a lawfully issued subpoena, or pursuant to a ruling by a court or arbitrator of competent jurisdiction. Employees must be aware that all forms of electronic communications through County's Electronic Communication systems are subject to the New Jersey Open Public Records Act and may be disclosable.

6. County Security System

All employees shall ensure that their use of the Internet does not compromise the security and integrity of the County's information technology systems, networks and computer equipment, whether by allowing intruders into the networks or by introducing viruses or other threats. Employees shall not access another employee's computer or utilize another employee's password or county login identification code.

7. Electronic Usage

The electronic communication and the internet presents employees with opportunities for global communications and research but also creates risks, including security concerns and legal liability. In order for the County to maximize the benefits and minimize the risks associated with its use, this document provides the policy for electronic communication and internet access by all users. Employees are expected to conduct their electronic communications in a professional, responsible and courteous manner. Misuse of the County's information infrastructure, information technology and electronic communications media, including, but not limited to, the unauthorized transmission of confidential

or proprietary information; the use of profane, harassing or other offensive language; or other inappropriate uses may subject the user to discipline, including termination of employment, the initiation of civil action, or criminal prosecution.

A. **Acceptable Use**

The County's electronic communication systems exist to support the work of the County and the use of this system is intended solely for the purpose of work. All State and County laws, regulations and policies prohibiting discrimination, harassment, hostile environments, violence, and sexual harassment in the workplace apply to an employee's access or use of County information technology systems. The County also requires adherence to the Local Government Ethics when using the Internet. Users must comply with all State and Federal laws and regulations applicable to the Internet. Users also must adhere to any conditions or restrictions on Internet access and use put in place by the Department where they work or where they are authorized to use the County's equipment, systems or networks.

B. **Examples of Impermissible Use**

The following are examples of impermissible uses of the County information technology systems. This list is not intended to be exhaustive or exclusive.

Employee may not:

- Use County property for anything other than County work related purposes;
- Personal or unauthorized use of encryption software on County systems;
- Conduct personal, for-profit business activity;
- Violate any local, state, or federal law;
- Violate County or Departmental regulations or policies;
- Transmit or possess defamatory, knowingly false or misleading, abusive, profane, sexually explicit or pornographic, threatening, racially offensive, or otherwise biased, discriminatory or illegal material;
- Transmit or post Department information without management approval;
- Gain or attempt to gain unauthorized access to any computer, computer records, data, databases or electronically stored information;
- Use County property to access, transmit, copy, convey information in violation of an executed County or Department non-disclosure agreement.

8. **Social Media and Networking**

A. **County Social Media and Networking**

Social media can help the County fulfill its mission and goals, and support professional development. However, usage comes with security and reputational risks. If social media access is approved by IT Steering Committee, employees must adhere to the following acceptable use

guidelines:

- Only employees who are specifically authorized shall be permitted to have access to County Social Media websites;
- Only employees who are specifically authorized shall be permitted to create and manage Ocean County Social Media sites.
- When feasible, block or ban unnecessary functionality within social media web sites, such as instant messaging (IM) or file exchange, that allow unsecure transfer of data and links;
- Employees are prohibited from accessing links within a social network, such as a "friends'" site, that serve no work-related purpose, and ensure workers know that they are not to click unfamiliar or non-work related links on social media sites;
- Avoid social media content for sexually harassing, racist or other inappropriate content.

B. **Employee Social Media and Networking**

While the County recognizes that Employees have a Federal and State Constitutional First Amendment right to engage in protected speech outside of the employment with the County, it is understood that these rights have limitations. County Employees that maintain personal web pages and web sites, including by way of example, but not limited to, Facebook, YouTube, LinkedIn, Twitter, Instagram, Yelp, etc. shall not post information on such sites that would constitute a violation of the personnel policies of the County. The posting of words, phrases, photographs, images, audio, video or any kind of information on a personal web site may be grounds for the imposition of disciplinary action against the employee if the employee's action adversely affect the County workplace.

9. <u>Portable Electronic Devices</u>

A. **Use of County Owned Portable Electronic Devices**

Employees who may be provided with County owned portable electronic devices, including but not limited to tablets, laptops, IPads, cellular phones, Smartphones, or cellular devices, are expected to use the County owned portable electronic device solely for County business.

B. **Use of Personal Portable Electronic Devices.**

Employees should not use their personal portable electronic device for County business. However, if an Employee uses their personal portable electronic device for County business, the Employee by agreeing to this Policy, agrees to submit their personal portable electronic device to the County IT Department for the retrieval of County records.

C. **Lost or Stolen Portable Electronic Devices.**

If the County issued portable electronic device is lost or stolen, the Employee MUST: (i) immediately report the incident to his/her immediate supervisor and the Director of the Information Technology Department; (ii)

obtain an official police report documenting the theft or loss; and (iii) provide a copy of the police report to his/her immediate supervisor. If the employee fails to adhere to these procedures, the employee will be held legally and financially responsible to the County for the replacement of such equipment.

D. **Use of Portable Electronic Devices While Driving.**
The State of New Jersey prohibits the use of portable electronic devices while driving without using a headset, ear bud, speakerphone or other hands-free device. Texting is also prohibited while driving.

10. **Proprietary and Confidential Information**
Employees shall maintain all proprietary and confidential information in confidence and shall not use the County electronic devices and/or information technology systems to access, view, disclose or distribute such information in an unauthorized manner. Such information should not be distributed unless it is encrypted and password protected.

11. **Copyright**
Employees should not violate any of the copyright laws when accessing, printing or disseminating materials found on the Internet.

12. **Review Monitoring and Audit**
The County may add security and other tracking technology to any electronic device issued by it and any and all usage of electronic devices are subject to management review, monitoring and audit by the County.

13. **Responsibilities**

A. Employee
Employees shall review and follow this Policy. Employees shall report any misuse or Policy violation.

B. Department
Each Department shall furnish employees and approved users granted access to County systems with copies of this Policy, and provide all new employees and other users with copies of this policy concurrent with authorizing them to use County computers and electronic devices.

14. **Discipline**
Employees may be disciplined for violations of this policy or of any standards or guidelines referenced may be subject to discipline, including termination of employment, the initiation of civil action, or criminal prosecution.

EMPLOYEE ACKNOWLEDGMENT OF POLICY

I, _____, have read and understand the above content, requirements, and expectations of the **Ocean County Electronic Device and System Acceptable Use Policy** *(which covers such things as Computer Network, Internet Usage, Social Media, Electronic Device and Electronic Communication)*. I agree to all the terms and conditions outlined in this Policy and I am aware that any violation of this Policy may result in disciplinary actions.

_____

Employee Signature (*date*)

ATTENTION
MUST READ ENTIRE MEMO BEFORE SIGNATURE

ROBERT A. GREITZ
Director

COUNTY OF OCEAN
DEPARTMENT OF EMPLOYEE RELATIONS
Post Office Box 2191
Toms River, New Jersey 08754-2191

732-929-2128
Telephone
732-506-5303
Fax

TO: **All New Employees**

SUBJECT: **Health and Dental Insurance/Applications**[1]

AVAILABLE MEDICAL AND PRESCRIPTION PLANS: The following plans are fully available to all employees. (Please note, employees contribute toward the premium of the plan chosen.)

MEDICAL & PRESCRIPTION COVERAGE: Eligible employees may enroll in one of the following health/prescription plans offered by Horizon or Aetna:

- 20/35 (Direct 2035 or Freedom 2035) (*w/the Difference Card*)
- OMNIA (Horizon) & Liberty (Aetna) (*w/the Difference Card*)
- HMO
- High Deductible
- Low Deductible

Other plans also available: Horizon plans: Direct 10, Direct 15, Direct 15/25, Direct 2030, Direct 2019; Aetna plans: Freedom 10, Freedom 15, Freedom 15/25, Freedom 2030, Freedom 2019.

Please note there is no out-of-network coverage with the Omnia or Liberty Plans.

"BUYING UP": *An Employee Can Choose to BUY UP from the 5 health/prescription plans stated in the box above to one of the other plans available.*[2] ***However, if an employee chooses to "Buy-Up" to a more expensive plan other than 20/35***, the employee must be aware of the following:

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[1] Only permanent full-time employees are eligible for health/prescription, dental, and/or vision coverage.

[2] County Correctional Police Officers in PBA 258 do not "buy up" to a more expensive plan because PBA 258 is not a party to any agreement making the 20/35 plan the baseline. However, PBA 258 does not participate in the Health Reimbursement Account, HRA (Difference Card) for any plan other than Omnia/Liberty.

(1) In addition to the Chapter 78 contributions associated with the 20/35 plan, the employee will also pay the **full premium difference** between 20/35 and the plan chosen by the employee; and
(2) The employee will not receive the Difference Card and cannot participate in the HRA.

REQUIRED EMPLOYEE CONTRIBUTIONS TOWARD PREMIUM: All employees are required to contribute towards the cost of health/prescription coverage, which is typically referred to as "Chapter 78 contributions". The amount an employee contributes is based upon: (1) the employee's level of coverage (Single Parent/Child, Employee/Spouse, or Family) and (2) employee's total salary. Attached hereto are the Chapter 78 contributions scales.

OMNIA/LIBERTY INCENTIVE CONTRIBUTIONS TOWARD PREMIUM: Any employee who enrolls in either the Horizon Omni or Aetna Liberty plans will contribute towards the cost of their health insurance at a rate different than other employees. The employee's contribution is determined by (1) the employee's level of coverage (Single, Parent/Child, Employee/Spouse, or Family) and (2) employee's total salary. Attached hereto are the Omnia/Liberty Incentive contribution rates.

DIFFERENCE CARD (Health Reimbursement Account): The County has a Health Reimbursement Account ("HRA") administered by the Difference Card. The Difference Card may be used by employees who are a part of this program to pay for co-pays and deductibles prescription expenses. *The Difference Card is an actual card (equivalent to an ATM card) that you will present to your medical professional when a co-pay is required/requested.*

The Difference Card (HRA) is only available to those who enroll in the 20/35 plan[3], or either the Omnia or Liberty plans.

Please note, the Difference Card cannot be used to pay for out-of-network coverage with the Omnia or Liberty Plans. Again, there is no out-of-network coverage with the Omnia or Liberty plan, and if an employee chooses either the Omnia or Liberty plan, the employee will be responsible for any and all out-of-network costs/expenses.

TO ENROLL IN HEALTH/PRESCRIPTION COVERAGE: Employees must do so through the State's ***Benefitsolver*** system. Enclosed you will find information regarding the process to sign up for health benefits through the State's ***Benefitsolver*** system.

[3] County Correctional Police Officers are not eligible for the Difference Card if enrolled in 20/35, as PBA 258 is not a party to the agreement. However, the Difference Card is available for those who enroll in Omnia or Liberty.

- This is an online system of enrollment and management.
- Employees are responsible to enroll and manage their own accounts.[4]
    - You will have 24 hour access to Benefitsolver

- **You MUST enroll no later than 60 days after your date of hire**, and *if you fail to do so, you will not be able to enroll until "open enrollment" in October* (with an effective date of January).

- You must provide and upload to Benefitsolver any and all necessary information, including but not limited to:
    - Marriage licenses and Birth certificates
    - 1st page of a Federal 1040 tax return for spousal coverage

- The County **will not** enroll you; it is your responsibility to enroll.

You will be fully enrolled in health/prescription benefits upon your completion of the online process. ***Your medical/prescription coverage starts after you have been employed full-time by the County for 60 days.***

****Further information on health plan types and specifics which employees are eligible can be found at http://mynjbenefitshub.nj.gov under Benefit Summary****

** Benefitsolver is the only way for employees to sign-up for health/prescription coverage. *Again, it is the employee's responsibility to go on line and register. Accordingly, Employee Relations will not contact and remind you about the obligation to register for health/prescription coverage.*

DENTAL: Please complete and return the enclosed Horizon Blue Cross and Blue Shield Dental application to Employee Relations, Room 204. When returning your application for processing, please be sure all the required documents are attached.

VISION: Your vision coverage, which is ***Employee Only***, will automatically become effective the day your dental coverage commences.

All applications for Dental and Vision ***MUST*** be completed within **two (2) weeks of receipt by you**. Failure to comply with the requirements of enrolling and submitting all necessary documents may result in forfeiture of benefits. This office ***WILL NOT*** contact you about the two-week deadline. It is your responsibility to complete the applications and submit within the timeframe.

QUESTIONS: Any questions regarding the above may be directed to (732) 929-2128 or OCEmployeeRelations@co.ocean.nj.us.

[4] Information about how to establish an account is enclosed in the medical pack on blue paper.

EMPLOYEE ACKNOWLEDGE

I, _____, have had the opportunity to read and review this document regarding Health, Prescription, Dental, and Vision Insurance/Applications, and the enrollment process for each. I have also had the opportunity to ask any questions about the contents of this document and the enrollment process.

I also understand that if I am eligible for health/prescription insurance coverage that it **my responsibility** to enroll for Health/Prescription coverage. I acknowledge and understand that this enrollment must be done through the State's ***Benefitsolver*** system, and that Employee Relations will not enroll me, or contact me to ensure that I enroll. I understand that if I do not enroll within sixty (60) days of my hire date, I will not be able to enroll until Open Enrollment which occurs in October.

I also understand that if I am eligible for Dental insurance coverage that it is **my responsibility** to enroll for Dental coverage, and provide the completed application to Employee Relations.

I further acknowledge and understand that Employee Relations will not enroll me, cannot enroll me, and will not contact me about my obligation to enroll.

_____

Signature (*date*)

Medical Benefit Waiver Form

Name (Last, First)		Social Security #
Street Address		City, State, Zip
DOB	Marital Status	Date of Hire

I acknowledge that the County of Ocean, who participates in the State of New Jersey Health Benefits - Group Health Plan, have offered the opportunity to enroll myself and eligible family members in medical benefits.

I hereby certify that the medical benefits provided by my employer have been explained to me, and that I elect to decline to participate in the plan. I understand by declining this offer I may not be offered another opportunity to participate unless I marry, divorce, have a child (natural or adoption), or have an involuntary loss of other health benefits, or any other involuntary cause as defined under section 125 of the IRS code. I must request to enroll within 30 days after a qualifying event. I may also enroll during the next open enrollment period.

I also understand that my employer has offered me a compliant health plan as defined by the Affordable Care Act (ACA). I understand that by electing not to enroll in this ACA compliant plan, I will not be eligible for a premium subsidy at either a state based or federally operated insurance exchange.

By signing this form I hereby decline enrolling myself or eligible family members listed below in the group health plan coverage because:

- ☐ I have Retiree medical coverage provided by the State of New Jersey.
- ☐ I have other insurance through my spouse's employer.
- ☐ I have other insurance through my parent(s).
- ☐ I have other insurance through the military.
- ☐ I have my own insurance directly with an insurance carrier.
- ☐ I do not wish to enroll myself or any eligible family member at this time.
- ☐ I would also like to waive Dental Coverage.
- ☐ I would also like to waive Vision Coverage.

Printed Name: _____

Date: _____

Signature: _____

The Difference Card

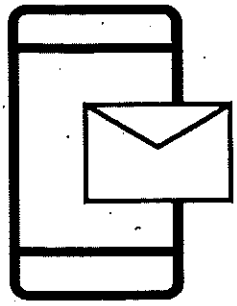
Using Your Difference Card

The Difference Card is NOT a regular credit card. Your Difference Card MasterCard is an **HRA Card** (similar to an FSA card) to be used for eligible medical expenses such as PCP, Specialist, Urgent Care, Emergency Room, and Prescription Copays.

- Present your SHBP insurance card (Horizon/Aetna/Optum) to the provider.
- The provider will request the full copay amount for the visit.
- Provide them with your Difference Card for the payment.
- If the provider tries to charge a transaction fee, please remind the provider that this is an HRA card, and the provider will not be charged a fee.
- If the provider insists on charging a transaction fee, you can swipe The Difference Card for the full amount (copay + transaction fee).

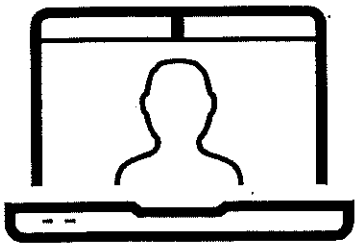
www.differencecard.com | Customer Care: 1-888-343-2110 | Monday-Friday 8am-11pm ET

WAYS TO SUBMIT YOUR CLAIM



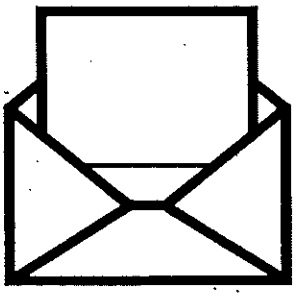
MOBILE

Download the Difference Card Smart Mobile App to submit your claim with a picture.



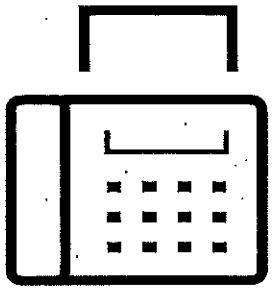
ONLINE

Login to your account at DifferenceCard.com to submit your claim online.



MAIL

Fill out a Reimbursement Form and submit your documents via mail.



FAX

Fill out a Reimbursement Form and submit your documents via fax.

DIRECT DEPOSIT

The fastest way to get your money.

Money will come back to you via direct deposit if you select that as your Reimbursement Preference.

TOOLS ON THE GO

Scan this code with your camera app to get helpful resources at your fingertips.

SCAN ME

The Difference Card

SUMMARY OF BENEFITS

As of 7/1/2024

County of Ocean New Jersey HRA Funding 7/1 to 12/31

DIFFERENCE CARD FUNDING AMOUNTS

[redacted]	Employee/Family	$ 15,120

DIFFERENCE CARD COVERED EXPENSES

[redacted]	Medical Copays - Primary Care ($20)/Specialist-Urgent Care ($35)/Emergency Room ($300)
[redacted]	Pharmacy Services
[redacted]	In-Network Medical Deductible & Coinsurance
[redacted]	Out of Network Medical Deductible & Coinsurance

[redacted]	Swipe card at the time of service
[redacted]	Submit Medical Explanation of Benefits for Reimbursement

All claims must be submitted within 3 months of the end of the plan year.

Terminated members must submit claims within 3 months of the termination date.

Claims are processed on an AGGREGATE and PLAN year basis.

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims

SCAN THIS WITH YOUR CAMERA

THE DIFFERENCE CARD HEALTH REIMBURSEMENT ACCOUNT

For employees who decide to enroll in the NJ Direct 2035 plan, the County will set up a Health Reimbursement Account (HRA) to pay for eligible medical and prescription costs. The HRA is administered by a company called The Difference Card.

How The Plan Works:

- Once you enroll in the NJ Direct 2035 Plan, you will automatically be enrolled in The Difference Card HRA account.
- Employee/Spouses on the plan will receive a HRA Debit Card to pay for all eligible services.
- Any enrolled dependents under the age of 18 are linked to their parents' card. You can request a card to be issued for a dependent age 18 and over by contacting the Difference Card's Customer Care team.
- Members will have $15,120 in their HRA account to pay for eligible medical and prescription expenses regardless of enrollment status (ex. Single, 2Adults, Parent/Child(ren), Family).
- The HRA card may only be used for your plan's medical and pharmacy benefits.

USING THE CARD

For these services, use the HRA debit card to swipe for the full copay amount:

- Primary Care - Swipe for the full $20 copay.
- Urgent Care - Swipe for the full $35 copay.
- Specialist Visit - Swipe for the full $35 copay.
- Emergency Room - Swipe for the full $300 copay.
- Prescriptions - Swipe for the full Rx copay.

SUBMIT FOR REIMBURSEMENT

For services referenced below, submit a claim with your Explanation of Benefits (EOB) from Horizon or Aetna. The Difference Card can either reimburse you for the allowed amount or the provider directly. Please note, Horizon and/or Aetna (the medical insurance carriers) processes the claim and determines the allowed payment amount for each service.

- In-Network Medical Services where the deductible or coinsurance applies.
- Out of Network Medical Services where the deductible or coinsurance applies.

IF A PROVIDER/FACILITY WANTS PAYMENT UPFRONT BEYOND A COPAY:

PUSHBACK! Explain that although your plan has a deductible, the insurance carrier needs to adjust the claim before you make any payment.

Example #1 - You are in a LabCorp facility for a certain test. LabCorp insists to be paid the full cost of the test in advance.

A) LabCorp is a contracted in-network facility, they KNOW this and KNOW they are required to submit a claim to the medical carrier. If the facility continues to press for payment, see B) below.

B) Call the Difference Card while at the facility, a customer care representative will review the plan benefits, determine the amount to be paid (if any) and will assist with payment to the facility for the *correct* amount (as applicable).

Example #2 – Your spouse is at a doctor's appointment and a staff member indicates there will be an extra "fee" applied just to swipe the HRA card. The HRA card is NOT a credit card (i.e. Visa, Mastercard) that applies a charge to the doctor's office to run the card and the doctor's office passes that on to patients. The HRA card is a typical bank debit card, like an FSA card or HSA card where swipe fees do not apply.

What do I do if a provider asks for money upfront?

If your provider/facility asks for money upfront for anything that is not a copay....

PLEASE DO NOT PAY

YOU SHOULD:

- Explain to your provider/facility that, although you have a deductible, your insurance carrier needs to adjust the claim before you make any payments towards the bill or outstanding balance.

IF YOUR PROVIDER INSISTS ON PAYMENT:

- Call our Member Services team at 1-888-343-2110 while you are at the provider/facility and provide the following information:
  - Patient name (if not your own)
  - Facility/Provider name
  - Amount being requested

WHAT WE WILL DO:

- We will review the plan benefits, account summary and determine the amount that needs to be paid to the provider/facility.
- We will assist with facilitating payment for the requested amount to the provider/facility.

The Difference Card

www.differencecard.com | 888-343-2110 | Monday-Friday 8am-11pm EST.

National Vision Administrators, L.L.C.

County of Ocean

Summary of Vision Care Benefits

National Vision Administrators, L.L.C. (NVA) has been contracted by your group to offer a comprehensive vision care plan to you and your eligible family members. Founded in January of 1979, NVA manages vision benefit services for approximately seven million lives nationwide.

How Your Vision Care Program Works

- *For you convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back.*
- *When scheduling your appointment, please notify the NVA participating provider of your choice that your vision coverage is administered by NVA.*
- *The provider will contact NVA to verify eligibility.*
- *At the time of your appointment, simply present your NVA identification card to the provider or indicate clearly that your benefit is administered by NVA.* A vision claim form is not required at an NVA participating provider.
- *The provider will inform you of your eligibility status prior to rendering services.*
- *Be sure to inform the provider of your medical history and any prescription or over-the-counter medications you may be taking.*

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at www.e-nva.com or contact NVA's Customer Service Department toll-free at 1.800.672.7723.

Eligibility: Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every calendar year.

Customer Service: To verify eligibility, locate a participating provider and receive answers to all your vision care related inquiries, please call NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD: 973.574.2599).

- *NVA's Interactive Voice Response (IVR) system is available twenty-four (24) hours per day, seven (7) days per week. The IVR allows you to locate a participating provider in your area, check eligibility as well as the status of your claim(s).*
- *An NVA Customer Service Representative can be contacted Monday - Friday 8:00am - 6:00pm (ET) & Saturdays 8:30am - 5:00pm (ET)*

National Vision Administrators, L.L.C. ◦ PO Box 2187 ◦ Clifton, NJ 07015
Web: www.e-nva.com ◦ Toll-Free: 1.800.672.7723

Benefits at Participating Providers:
Highlights of your vision care benefit:

- The option of receiving services in- or out-of-network
- Extensive national provider network
  - Enhanced in-network benefits:
    - *100% covered Vision examination (after copay if applicable)*
    - *100% covered standard spectacle lenses (after copay if applicable)*
    - *Frame allowance covers countless fashionable frames in full*
    - *Allowance towards the cost of contact lenses and fitting fees*
    - *No claim forms; providers will submit claims directly to NVA.*

Examinations: A comprehensive eye examination is covered which includes a case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, and Tonometry testing (glaucoma). Comprehensive eye examinations can aid in the early detection of ocular diseases and other serious medical conditions.

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office.

Contact Lenses: Elective contact lenses are covered in lieu of all other materials (i.e. spectacle lenses and frames). The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Discounts: There will be a twenty-percent (20%) discount off additional purchases of lenses and frames, excluding contacts at the time of service.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. To obtain direct reimbursement according to your plan design, you can print a claim form from www.e-nva.com. Please complete this form and submit along with an original or copy of the itemized receipt. If you cannot print the claim form you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA's Clifton, NJ office. **Remember**, obtaining vision care services from a non-participating provider will result in greater out-of-pocket expense.

Exclusions / Limitations: No payment is made for medical or surgical treatments Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu o bifocals / subnormal visual aids / vision examination or materials required fo employment / replacement of lost, stolen, broken or damaged lenses/ contact lense or frames except at normal intervals when service would otherwise be available services or materials provided by federal, state, local government or Worker' Compensation / examination, procedures training or materials not listed as a covere service / industrial safety lenses and safety frames with or without side shields / part or repair of frame / sunglasses.

Participating providers are not contractually obligated to offer sale prices in addition t outlined coverage.

Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

lwf607

Valuable Member Discounts

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S.

Members are entitled to significant discounts and a free initial consultation with all in-network providers.

All providers are contracted to extend members discounts on standard prices or promotional prices, ensuring the member will pay less than the public.

- 15% off standard prices - or - 5% off promotional pricing

All-Inclusive Discount

- All in network providers extend the discount on the entire cost of the procedure, maximizing member savings.

Additional Member Value – Members are entitled to these additional benefits available exclusively at select providers (over 70 locations nationwide).

- Special "set prices" ranging from $695 to $1,895 per eye on select technologies.
- Free initial consultation and comprehensive LASIK exam
- Advanced laser technologies including Wavefront and IntraLase (All-Laser LASIK)
- Attractive financing options available

The process is simple:

- *Find a provider (Call 1-877-295-8599 or visit* www.e-nva.com)
- *Schedule a pre-operative exam to determine if laser vision correction is right for you*
- *Schedule a treatment*
- *Pay discounted member price directly to the provider*

Contact Fill: NVA provides you with the convenience and savings of Contact Fill, our mail order contact lens replacement service. You may access Contact Fill's services online at www.contactfill.com or by calling them toll-free at 866.234.1393. Contact Fill provides contact lens wearers with significant savings packaged with the convenience of home delivery. Plan discounts applicable at participating retail locations do not apply to purchases made through Contact Fill due to the already low prices.

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:

- *Locate a nearby participating provider by name, zip code, or City/State*
- *Verify eligibility for you or a dependent*
- *View benefit program and specific details*
- *Review claims*
- *Print ID cards (when allowable)*
- *Nominate a non-participating provider to join the NVA network*

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number **12430001** or the group number on the identification card and enter in your search parameters. It's that easy!

Schedule of Vision Benefits

Co-payment None	Participating Provider	Non-Participating Provider
Examination Once Every Calendar Year	▪ *Covered 100%*	Reimbursed Amount ▪ *Up to $35*
Contact Lens Evaluation/Fitting Once Every Calendar Year	▪ *Covered 100%*	Daily Wear: $20 Extended Wear: $30
Lenses Once Every Calendar Year ▪ *Single Vision* ▪ *Bifocal* ▪ *Trifocal* ▪ *Lenticular*	Standard Glass or Plastic ▪ *Covered 100%*	▪ *Up to $35* ▪ *Up to $45* ▪ *Up to $55* ▪ *Up to $80*
Frame Once Every Calendar Year	Retail Allowance ▪ *Up to $100*	▪ *Up to $50*
Contact Lenses Once Every Calendar Year Elective Contact Lenses *Medically Necessary**	In lieu of Lenses & Frame ▪ *Up to $100 Retail* ▪ *Covered 100%*	In lieu of Lenses & Frame ▪ *Up to $100* ▪ *Up to $210*

**Pre-approval from NVA required*

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- *$10 Solid Tint*
- *$12 Fashion / Gradient Tint*
- *$10 Standard Scratch-Resistant Coating*
- *$12 Ultraviolet Coating*
- *$40 Standard Anti-Reflective*
- *$20 Glass Photogrey (Single Vision)*
- *$30 Glass Photogrey (Multi-Focal)*
- *$75 Polarized*
- *$50 Progressive Lenses Standard*
- *$65 Transitions Single Vision Standard*
- *$70 Transitions Multi-Focal Standard*
- *$25 Polycarbonate (Single Vision)*
- *$30 Polycarbonate (Multi-Focal)*
- *$30 Blended Bifocal (Segment)*
- *$55 High Index*

Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.

NVA

ROBERT A. GREITZ
Director

COUNTY OF OCEAN
DEPARTMENT OF EMPLOYEE RELATIONS
Post Office Box 2191
Toms River, New Jersey 08754-2191

732-929-2128
Telephone
732-506-5303
Fax

New Employee:

The New Jersey State Health Benefits Program (SHBP) and the New Jersey Division of Pensions & Benefits (NJDPB) have a portal, Benefitsolver, for accessing all your health benefit enrollment needs, including the fall Annual Open Enrollment period.

What You Need to Know

Through Benefitsolver, you access information about your health benefits and complete your enrollment applications online. Benefitsolver will allow you to add dependents and upload documentation on the website, as well as confirm your coverage and get links to all your health benefit vendors. You'll have multiple ways to access the new portal including 24/7 access via a new mobile app, as paper applications are no longer accepted.

What You Need to Do

Beginning June 1, 2021, you will be able to log in to review your health benefit information.

- Navigate to: http://mynjbenefitshub.nj.gov
  a. Click Register
  b. Enter Social Security Number and Date of Birth
  c. Enter Company Key = SHBP/SEHBP
  d. Click Continue

Once you're on the Benefitsolver website; you will be required to enter your personal email address in order for the State to send you reminders, confirmations of enrollment, and important information about how to get the most out of your benefits. The State has assured that your personal information is safe and won't be shared with outside vendors.

If you have trouble accessing the Benefitsolver website or for questions regarding your benefits, please call NJDPB Office of Client Services at 609-292-7524. Ocean County Employee Relations is also available to explain the process and can be contacted at 732-929-2128.

**You may also be able to access Benefitsolver via your myNewJersey account at https://www.state.nj.us/treasury/pensions/*

HOW TO ACCESS mynjbenefitshub

LOG IN VIA MYNEWJERSEY

Log in to the **mynjbenefitshub** website through your **myNewJersey** account at https://my.state.nj.us

At the bottom of the screen, along with your MBOS and EPIC button, click the **Health Benefits** button.

If you do not have a **myNewJersey** account:

1. Visit https://my.state.nj.us and click **Access Benefitsolver > Log In via MyNewJersey**.
2. Click the **Sign Up** button and complete the required information.
3. Then log in using your new **Login ID** and **Password**.

If you do not see the **Health Benefits** button:

1. Visit www.nj.gov/treasury/pensions and click **Access Benefitsolver > Register**.
2. Enter the required information and click **Continue**.
3. The next time you log in to your **myNewJersey** account, you will see the **Health Benefits** button.

LOG IN AT MYNJBENEFITSHUB

If you are unable to log in via your **myNewJersey** account, please **Register** your account at http://mynjbenefitshub.nj.gov

Enter your Social Security number, date of birth, and zip code. Our Company Key is **SHBP/SEHBP**.

Log in using your new **User Name** and **Password**.

EXPLORE MYNJBENEFITSHUB

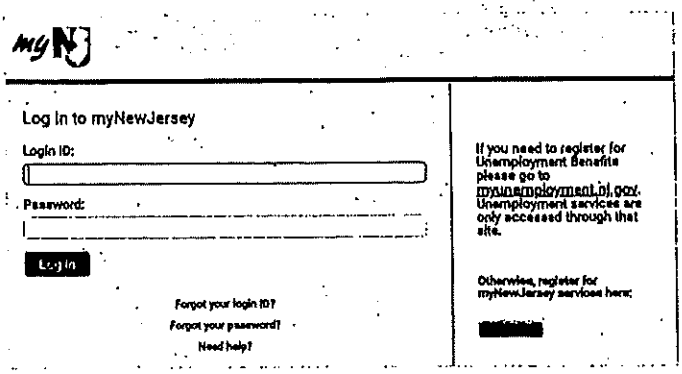
Explore this site to learn about your SHBP/SEHBP health benefits, now and year-round.

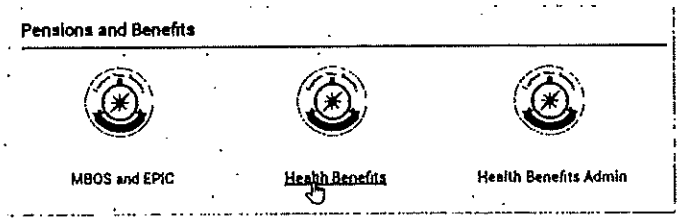
On the **Annual Open Enrollment** page, you can access the **Virtual Benefits Fair**, **Webinar Calendar** and plan details.

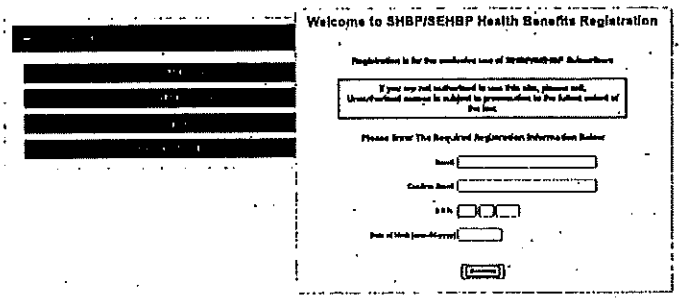
You'll also find helpful information in the **Benefits Information** section and in the **Reference Center**.

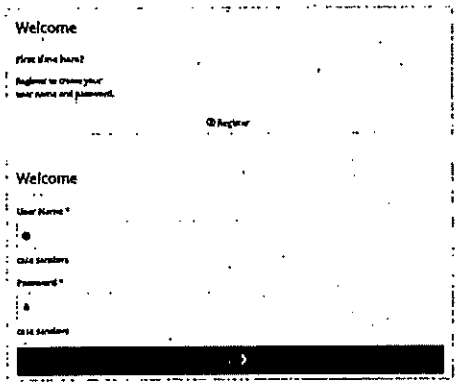
If you are enrolling as a new hire, visit the **New Hire Enrollment** page.

Review your current elections in your **Benefit Summary**.

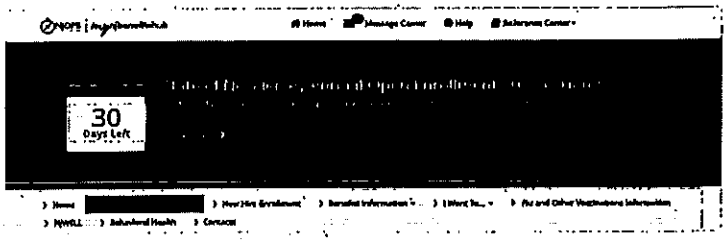








Pro Tip: Provide your preferred email address to ensure you receive important benefits information.



Benefit Summary

THIS IS A PASSIVE ENROLLMENT:

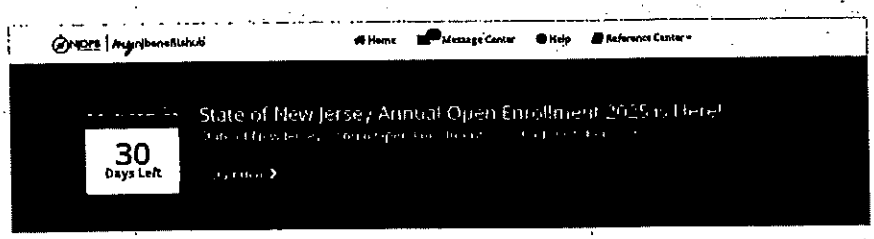
If you make no changes, your current medical elections will carry over to the next plan year.
You do not need to resubmit waivers.

MAKE CHANGES FOR 2025

The calendar at the top of the **Home** page lets you know how many days you have left to make changes to your 2025 SHBP/SEHBP benefits.

Click the **Start Here** button at the top of your screen.

Review the **Benefit Enrollment** information, and then click the **Start Enrollment** button at the bottom of the page.



Pro Tip: Use the blue buttons at the bottom of the site to navigate the site, NOT your browser's arrows.

- **About You**

  Review and update your mailing address, your email address, phone number, and edit or add dependent information. Once everything is accurate, click **Looks Good**.

- **Making Changes**

  Use the **Edit** button next to **Plan Selected**.

  Determine which of your dependents you want to cover using the checkboxes.

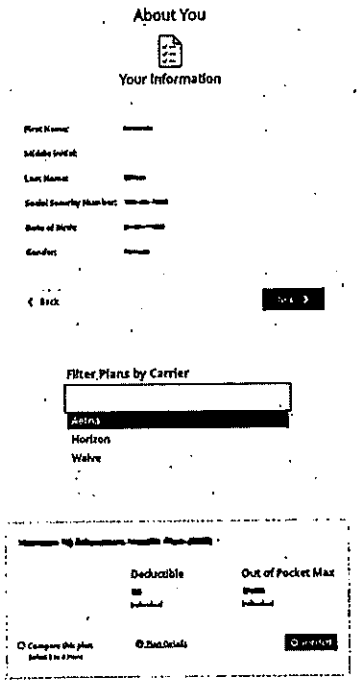
  Filter plan options by the carrier.

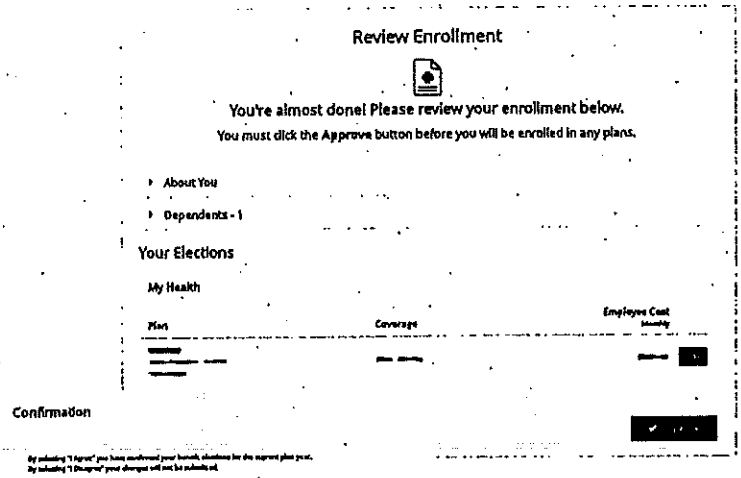
  Select your plan, which will be highlighted green, once selected.

- **Complete**

  Click **Looks Good**, and review each election. Review your enrollment for accuracy and once everything looks good, **Approve** your elections and then click **I Agree**.

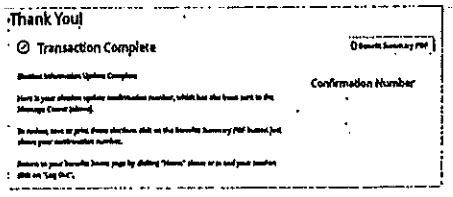
  You will receive a **Confirmation Number** on the **Thank You!** page when your enrollment is complete.





You can print your **Benefit Summary** for your records.

Complete the **Survey** following your enrollment.



ADDING A NEW DEPENDENT

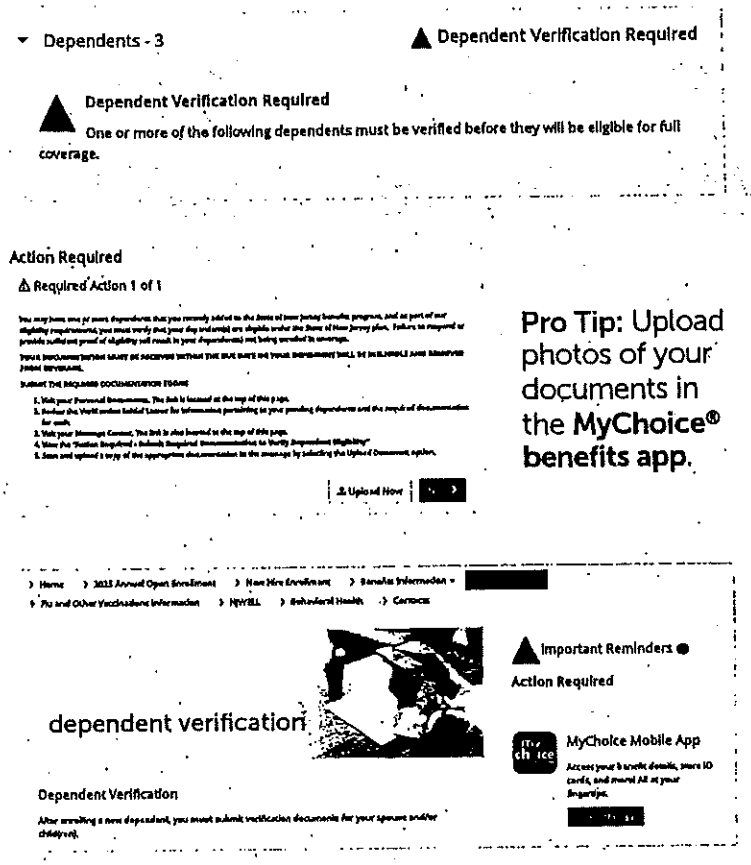
Provide the following **when you enroll**:

- Dependent relationship (ie. spouse, child)
- Full name
- Date of birth
- Valid Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN).

As part of our eligibility requirements, you **must** submit supporting documentation to verify changes to your coverage. Until the requested documentation is submitted, your benefit changes will not be approved. You will see **Action Required** notifications as you add them to your coverage.

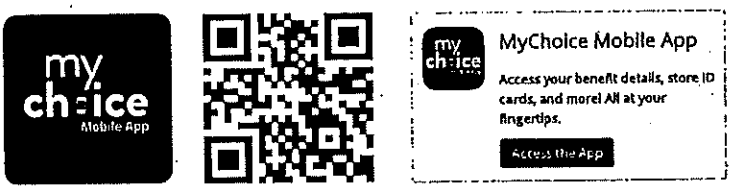
Following your enrollment, click on your name in the upper right corner of the screen to access your **Personal Documents**. The **Verification Initial Letter** will outline what document(s) are required, and how you can upload documents. Your employer will verify uploaded documents before your dependent will be approved and added to your coverage.

Visit the **I Want To... Learn About Dependent Verification** page on **mynjbenefitshub** for information about eligibility, required documentation, and more.



BENEFITS INFORMATION ON THE GO

Download the **MyChoice benefits app** to manage and access all your SHBP/SEHBP benefits information on your device. Scan the QR code to the right to download the app on your device or click **Access the App** on **mynjbenefitshub**.

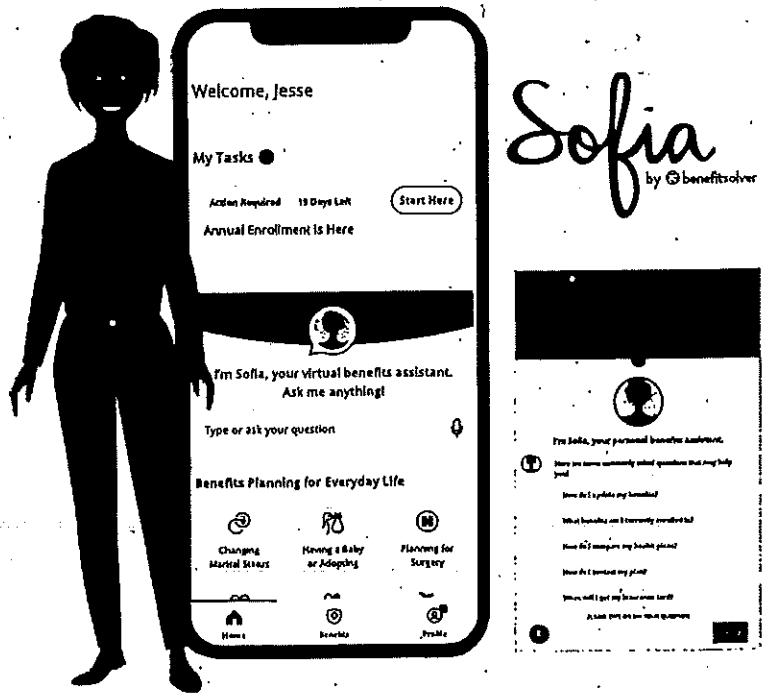


QUESTIONS? ASK SOFIA

Sofia will be by your side as you enroll, and will provide links to important documents. Sofia can answer many of your questions 24/7 in over 50 languages.

Find Sofia on **mynjbenefitshub** and on the **MyChoice benefits app**. Either type your question, or use the microphone icon to voice your question.

If Sofia isn't able to answer your question, contact your local Human Resources Department, Benefits Administrator, or your Certifying Officer for assistance.



VISIT YEAR-ROUND

Visit **mynjbenefitshub** regularly throughout the year to learn more about your benefits, access webinars, find plan information, and access tools to improve your health.

COUNTY OF OCEAN

MEMORADUM

EMPLOYEE RELATIONS

To: All New Employees

Subject: Horizon Dental Option/Dental Choice Plans

Horizon no longer mails the directory of dentists nor the dental handbooks to provide guidance as to which dental plan would be advantageous to the employee and/or their families.

In your employee packet, there are copies of the dental handbooks, explaining what is covered under both our dental plans, to assist in making the better choice for yourself and/or your family.

Regarding the dentist directory, please refer to *horizonblue.com* and follow the instructions to find your participating dentist or group.

If you should have any questions regarding this matter, please feel free to contact us at (732) 929-2128 or call to make an appointment to sit with us to go over your options.

Thank you for your cooperation.

Horizon

ENROLLMENT/CHANGE REQUEST

Horizon BCBSNJ Dental Programs

P.O. Box 1710
Newark, NJ 07101-1938
www.HorizonBlue.com/dental
1-800-4DENTAL

Group Information - To Be Completed by Employer

Group Name	Group Number	Subgroup Number
County of Ocean	85851	

A. Type of Activity - To Be Completed by Employer

Refer to instructions on back before completing this form. Print clearly.

1. Enrollment
☐ New Subscriber

Effective Date
__/__/__

Date of Hire
__/__/__

2. Change - *Check all that apply.*

	Date of Event	Reason
☐ Add Spouse	__/__/__	
☐ Domestic Partner		
☐ Civil Union Partner		
☐ Add Dependent Child	__/__/__	
☐ Name Change	__/__/__	
☐ Change Plan	__/__/__	
☐ Other	__/__/__	
☐ Add/Change Dentist Office ID		

3. Remove or Terminate - *Check all that apply.*

	Effective Date	Reason
☐ Remove Spouse/Domestic Partner/ Civil Union Partner*	__/__/__	
☐ Remove Dependent Child*	__/__/__	
☐ Employee Withdrawal/Termination	__/__/__	

Note: Employee must be enrolled for spouse/domestic partner/civil union partner/ dependent(s) to have coverage.
*Please complete Add/Change/Remove and Name columns in Section D.

4. Continuation of Coverage, i.e., COBRA, State, Total Disability
Not all options are available. Contact Employer for available options.
Coverage For: ☐ Employee ☐ Dependents
Length of Continuation: ☐ 18 mos ☐ 29 mos* ☐ 36 mos ☐ Total Disability
Date of Loss of Coverage: __/__/__
Date of Qualifying Event: __/__/__
*Attach proof of disability

B. Employee Information - Complete Sections B - G

Social Security Number	Last Name, First Name, M.I.	Home Telephone ( )	
Home Address	Apt. No. / City, State		ZIP Code
Employer Name: County Of Ocean		Work Telephone ( )	
Work Address: PO BOX 2191	City, State: TOMS RIVER, NJ		ZIP Code: 08754
Date of Employment	Hours Worked		

C. Plan Option - Your selection must be offered by your employer.

Horizon BCBSNJ	or	Horizon Healthcare Dental	Contract Type
☐ *Horizon Dental Option		☐ *Horizon Dental Choice!	☐ S - Single ☐ F - Family
☐		☐	☐ 2 Adults
☐			☐ P/C - Parent & Child
☐			

*Please select Dentist Office ID Number-Section D

D. Individuals Covered - List individuals for whom you are adding/changing/removing coverage. Attach sheet to list additional children. Attach proof if full-time college student. Attach proof of disability.

	(A)dd (C)hange (R)emove	Last Name, First Name, M.I.	Sex M F	Birthdate MM DD YYYY	Social Security Number	Other Dental Coverage Check if Yes	Dentist Office ID Number (if applicable)	NPI Number	Current Patient Check if Yes	Previous Coverage Check if Yes
Employee			☐ ☐	/ /		☐			☐	☐
Spouse			☐ ☐	/ /		☐			☐	☐
Domestic Partner			☐ ☐	/ /		☐			☐	☐
Civil Union Partner			☐ ☐	/ /		☐			☐	☐
Child			☐ ☐	/ /		☐			☐	☐
Child			☐ ☐	/ /		☐			☐	☐
Child			☐ ☐	/ /		☐			☐	☐

E. Other/Previous Insurance

Is your Spouse/Domestic Partner/Civil Union Partner Employed? ☐ Yes ☐ No If "Yes," give name & address of spouse's/ Domestic Partner's/Civil Union Partner's employer.

If "Yes" to Other Dental Coverage (Section D), give name & policy number of insurance carrier, HMO, or other source.

If "Yes" to previous coverage, identify name(s) of persons, give effective date and date coverage terminated, name of previous carrier and plan number and submit a copy of the Certificate of Credible Coverage issued by the previous carrier, if available.

F. Dependent Information

Does any dependent listed in Section D live at a different address than the Employee? ☐ Yes ☐ No If "Yes," who and at what address?

Explain the circumstances.

If any dependent's last name differs from yours, explain the circumstances.

G. Employee Signature

If you have any questions concerning the benefits and services provided by or excluded under this contract, contact a benefits representative at your company before signing this form.

I represent that all the information supplied in this enrollment/change request form is true and complete. I hereby agree to the conditions of enrollment on the reverse side of the employee copy of this enrollment/ change request. I authorize deductions from my earnings for any required contribution.

Employee Signature - *Required*
X

Date __/__/__

E-Mail Address

H. Employer Verification - To Be Completed by Employer

Employer Signature - *Required*
X

Title

Date __/__/__

Employee copy may be used as a temporary ID card for 30 days from the effective date if authorized by employer. Coverage must be verified with Horizon BCBSNJ Dental Programs prior to visiting a specialist or admission to a hospital.

You may complete the required fields below online and then save or print a copy for submission. To save a completed copy to your computer, choose File > Save As to rename the file and save the form with your information to your computer.

DENTAL PLANS

Horizon.

Group #85851 subgroup 15, 16, 17

Horizon Dental Choice (HDC)
Plan A—COINSURANCE PLAN
50% Coinsurance, $0 Deductible, No Annual Max

Coverage Type	In Network
Oral exams	100%
Fluoride treatment (up to age 19)	100%
Prophylaxis	100%
Sealant application (up to age 14)	100%
Full-mouth	100%
Panoramic	100%
Pulp cap	100%
Pulpotomy	100%
Root canal therapy — anterior and premolar	100%
Root canal therapy — molar	50% out-of-pocket coinsurance
Incision and drainage of abscess	100%
Routine extractions	100%
Soft tissue surgical extractions	100%
Surgical extractions — impacted	50% out-of-pocket coinsurance
Gingivectomy	100%
Periodontal maintenance	100%
Scaling and root planing	100%
Soft tissue grafts	100%
Osseous surgery	50% out-of-pocket coinsurance

DENTAL PLANS

Horizon.

Coverage Type	In Network
[redacted]	
Amalgam restorations	100%
Composite restorations (other than for molars)	100%
Crowns	50% out-of-pocket coinsurance
[redacted]	
Complete and partial dentures	50% out-of-pocket coinsurance
Denture adjustments and repairs	50% out-of-pocket coinsurance
[redacted]	
Retainers and pontics	50% out-of-pocket coinsurance
[redacted]	
Fixed unilateral bilateral	50% out-of-pocket coinsurance
Removable unilateral bilateral	50% out-of-pocket coinsurance
Benefit waiting period	**None**

FAQs

Can I go to any dentist?
No. You must go to your Primary Care Dentist (PCD) from the HDC Network and receive care, or be referred for care, from that PCD.

How does my plan work?
The HDC plan covers 100 percent of all eligible preventive and basic services with no maximums or deductibles. The HDC plan also covers a significant amount of charges for all eligible major and specialty dental services. Care must be coordinated through the participating HDC dentist known as your PCD. There is no out-of-network benefit for the HDC plan.

Do I need to choose a PCD?
A PCD will be auto-assigned for you based on your home address. It will be the closest participating office to you and can be changed when you receive your ID card.

Can my family members choose different dentists?
Yes. Your eligible dependents may have a different PCD from the HDC Network.

Can I change my primary care dentist?
Yes. The auto-assigned PCD may be changed effective the first day of any month by giving Horizon BCBSNJ 15 days' notice. This can be done by calling the customer service phone number on your ID card.

How do I find a participating dentist?
To locate a participating provider, please utilize the doctor finder at **horizonblue.com/doctorfinder** or by calling **1-800-4-Dental**. Simply log in or continue as a guest, select dental, select the Horizon Dental Choice plan, input any location in NJ, select the dentist, specialty or group practice and the results will automatically generate based on the network(s) your plan belongs to.

EXCLUSIONS

Please review contract for full list of exclusions.

Services relating to TMJ | Orthodontics | Implants | Missing Teeth Coverage

DENTAL PLANS

Group #85851 Subgroup 05 06

Ocean County
Horizon Dental Option Plan (DOP)

Horizon Dental wants you to get the most from your dental benefits.

You can save money when you receive care from a dentist who participates in your dental plan's network. When you use in-network dentists, you generaly only pay your copayment and any applicable in-network coinsurance or deductible. If you have out-of -network benefits and use an out-of -network dentist, your out-of -pocket costs will likely be higher. If you do not have out-of network benefits, you are responsible for the entire cost of treatment.

BENEFIT PERIOD	Calendar Year	
NETWORK	PPO, Traditional & National Dental Grid Plus (non-NJ dentists)	
DEDUCTIBLE		
Individual	$25	
Family	$75	
Deductible Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics,Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays	
BENEFIT PERIOD MAXIMUM	$2,000 per person	
Benefit Period Maximum Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics,Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays	
ORTHODONTICS ELIGIBILITY	Child only (to age 19)	lifetime
Orthodontics	50%	
Orthodontics Maximum	$800	
COINSURANCE		
Preventive Diagnostic		
Exam and Preventive Services Exams	100%	
Fluoride Treatment	100%	
Sealant Application	100%	
Adult Prophylaxis	100%	
X-rays (Bitewing & Full Mouth)	100%	
Treatment and Therapy		
Space Maintainers	80%	
Amalgam Restorations	80%	
Composite Restorations	80%	
Denture Adjustments	80%	
Denture Repairs	80%	
Simple Extractions	80%	
Endodontics		
Root Canal Therapy – Anterior & Bicuspid	80%	
Root Canal Therapy – Molar	80%	
Periodontics		
Scaling & Root Planing	50%	
Gingivectomy	50%	
Periodontal Maintenance	50%	
Osseous Surgery	50%	
Oral Surgery		
Surgical Extractions	50%	
Partial Bony Extractions	50%	
Complete Bony Extractions	50%	
Prosthodontics		
Bridgework	50%	
Partial Dentures	50%	
Crowns and Onlays		
Crown – porcelain fused to high noble metal	50%	
Eligibility	Dependent children of enrolled employees are covered to age 19 full-time students are covered to age 19	

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para recibir ayuda en español, llame al 1-800-4DENTAL (433-6825).
Chinese: 如需中文協助, 請致電 1-800-4DENTAL (433-6825)

Out-of-network providers are paid on at Maximum Allowable Charge

Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.

EC001150 (0818)

INFORMATION ON THE CONTINUATION OF GROUP HEALTH INSURANCE COVERAGE FOR NEW EMPLOYEES AND DEPENDENTS UNDER THE PROVISIONS OF COBRA

IMPORTANT NOTICE

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) OF 1985

Dear Employee and Family Members:

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 contains a provision pertaining to the continuation of health care benefits for persons enrolled for coverage through an employer group plan. COBRA requires that most employers sponsoring group health plans offer employees and their families who are losing coverage under the employer's plan the opportunity for a temporary extension of health coverage. This coverage, called continuation coverage, would be offered at group rates plus a small administrative fee, in certain instances where coverage under the plan would otherwise end.

This notice is intended to inform you of the rights and obligations under the continuation coverage provisions of the COBRA law should you ever lose the group health coverage provided through the New Jersey State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP).

This notice includes:

- COBRA Highlights
- Special Notices Concerning COBRA
- Fact Sheet #30, *Continuation of Health Benefits Insurance Under COBRA*

Please take the time to read this notice carefully. Specific action must be taken by the employer, the employee, and covered family members to ensure the continuity of benefits under COBRA.

COBRA HIGHLIGHTS

EMPLOYER REQUIREMENTS

- Notify all newly hired employees and their dependents, within 90 days of when they are first enrolled in the SHBP or SEHBP, of the COBRA provisions by mailing a copy of the notification letter to their home.
- Notify the employee, spouse, civil union or eligible domestic partner, and/or dependents of their rights to purchase continued health coverage within 14 days of receiving notice that there has been a COBRA qualifying event. An application form and rate chart should be made available with the COBRA Notice that gives the date of termination of coverage and the period of time over which coverage may be extended. The notification must be mailed to the employee and family at the home address on file and a record of this notification should be maintained.

EMPLOYEE REQUIREMENTS

- The employee must notify the employer of a COBRA qualifying event such as divorce, legal separation, termination of a civil union or domestic partnership, or dependent child ceasing to be eligible for coverage. This must be done within 60 days of the qualifying event.
- The employee or "qualified beneficiary" must notify the Health Benefits Bureau of the Division of Pensions and Benefits of their decision to elect continued coverage by filing a COBRA application and submitting required premiums within 60 days of employer notification.

SPECIAL NOTICES CONCERNING COBRA

1. If coverage under the plan is modified for group employees, the coverage will also be modified in the same manner for all COBRA eligible individuals electing continuation coverage.
2. If a second qualifying event occurs during the 18-month period following the date of employee's termination or reduction in hours, the beneficiary of that second qualifying event will be entitled to 36 months of continuation coverage. The period, however, will be measured from the date of the first qualifying event. As an example, John Smith terminates employment and enrolls in COBRA with husband and wife coverage for an 18-month term. In the tenth month, he dies. Mrs. Smith is now eligible to continue her coverage for a total of 36 months from the first COBRA event leaving her 26 months of remaining eligibility.
3. COBRA continuation will terminate on the date that the enrollee first becomes covered under any other group health plan as an employee or dependent unless that plan has a pre-existing condition clause. COBRA coverage can be continued **for the pre-existing condition only** until the normal COBRA end date or when the pre-existing condition clause ends, whichever comes first.
4. If the health plan being continued offers a choice among types of coverage, employee, spouse/partner, and dependents are each entitled to make their own decision as to these choices.
5. If the employee or spouse/partner declines coverage, the spouse/partner and/or dependents may elect it for themselves.
6. COBRA subscribers are permitted to add dependents to their existing coverage within 60 days of their acquiring those dependents (i.e., marriage, entering an eligible domestic partnership, birth, adoption, guardianship).
7. COBRA enrollees have the same rights to coverage at Open Enrollment as are available to active employees. This means that you or a dependent who elected to enroll under COBRA are able to enroll in any health plan and, if offered by your employer, the Employee Dental Plans or Employee Prescription Drug Plan coverage during the Program's Open Enrollment period regardless of whether you elected to enroll for the coverage when you first enrolled in COBRA. However, the addition of a benefit during the Open Enrollment does not extend the maximum COBRA coverage period. All COBRA enrollees receive Open Enrollment information mailed directly to the address on file with the Program.
8. In order to protect you and your family's rights, you should keep your employer and the Division of Pensions and Benefits informed of any changes in your address and the address(es) of your family members.

HB-0626-0124

NOTICE OF PRIVACY PRACTICES TO ENROLLEES IN THE STATE HEALTH BENEFITS PROGRAM (SHBP) AND THE SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM (SEHBP)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
EFFECTIVE DATE: JANUARY 1, 2024

Protected Health Information

The State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) are required by the federal Health Insurance Portability and Accountability Act (HIPAA) and State laws to maintain the privacy of any information that is created or maintained by the Programs that relates to your past, present, or future physical or mental health. This Protected Health Information (PHI) includes information communicated or maintained in any form. Examples of PHI are your name, address, Social Security number, birth date, telephone number, fax number, dates of health care service, diagnosis codes, and procedure codes. PHI is collected by the Programs through various sources, such as enrollment forms, employers, health care providers, federal and State agencies, or third-party vendors.

The Programs are required by law to abide by the terms of this Notice. The Programs reserve the right to change the terms of this Notice. If the Programs make material changes to this Notice, a revised Notice will be sent.

Uses and Disclosures of PHI

The Programs are permitted to use and to disclose PHI in order for our members to obtain payment for health care services and to conduct the administrative activities needed to run the Programs without specific member authorization. Under limited circumstances, we may be able to provide PHI for the health care operations of providers and health plans. Specific examples of the ways in which PHI may be used and disclosed are provided below. This list is illustrative only and not every use and disclosure in a category is listed.

- The Programs may disclose PHI to a doctor or a hospital to assist them in providing a member with treatment.
- The Programs may use and disclose member PHI so that our Business Associates may pay claims from doctors, hospitals, and other providers.
- The Programs receive PHI from employers, including the member's name, address, Social Security number, and birth date. This enrollment information is provided to our Business Associates so that they may provide coverage for health care benefits to eligible members.
- The Programs and/or our Business Associates may use and disclose PHI to investigate a complaint or process an appeal by a member.
- The Programs may provide PHI to a provider, a health care facility, or a health plan that is not our Business Associate that contacts us with questions regarding the member's health care coverage.
- The Programs may use PHI to bill the member for the appropriate premiums and reconcile billings we receive from our Business Associates.
- The Programs may use and disclose PHI for fraud and abuse detection.
- The Programs may allow use of PHI by our Business Associates to identify and contact

our members for activities relating to improving health or reducing health care costs, such as information about disease management programs or about health-related benefits and services or about treatment alternatives that may be of interest to them.

- In the event that a member is involved in a lawsuit or other judicial proceeding, the Programs may use and disclose PHI in response to a court or administrative order as provided by law.
- The Programs may use or disclose PHI to help evaluate the performance of our health plans. Any such disclosure would include restrictions for any other use of the information other than for the intended purpose.
- The Programs may use PHI in order to conduct an analysis of our claims data. This information may be shared with internal departments such as auditing or it may be shared with our Business Associates, such as our actuaries.

Except as described above, unless a member specifically authorizes us to do so, the Programs will provide access to PHI only to the member, the member's authorized representative, and those organizations who need the information to aid the Programs in the conduct of its business (our "Business Associates"). An authorization form may be obtained on our website: ***www.nj.gov/treasury/pensions*** or by sending an email to: ***hipaaform@treas.nj.gov*** A member may revoke an authorization at any time.

Restricted Uses

- PHI that contains genetic information is prohibited from use or disclosure by the Programs for underwriting purposes.
- The use or disclosure of PHI that includes psychotherapy notes requires authorization from the member.

When using or disclosing PHI, the Programs will make every reasonable effort to limit the use or disclosure of that information to the minimum extent necessary to accomplish the intended purpose. The Programs maintain physical, technical and procedural safeguards that comply with federal law regarding PHI. In the event of a breach of unsecured PHI the member will be notified.

Member Rights

Members of the Programs have the following rights regarding their PHI:

Right to Inspect and Copy: With limited exceptions, members have the right to inspect and/or obtain a copy of their PHI that the Programs maintain in a designated record set which consists of all documentation relating to member enrollment and the Programs' use of this PHI for claims resolution. The member must make a request in writing to obtain access to their PHI. The member may use the contact information found at the end of this Notice to obtain a form to request access.

Right to Amend: Members have the right to request that the Programs amend the PHI that we have created and that is maintained in our designated record set.

We cannot amend demographic information, treatment records or any other information created by others. If members would like to amend any of their demographic information, please contact your personnel office. To amend treatment records, a member must contact the treating physician, facility, or other provider that created and/or maintains these records.

The Programs may deny the member's request if:

- We did not create the information requested on the amendment;
- The information is not part of the designated record set maintained by the Programs;
- The member does not have access rights to the information; or
- We believe the information is accurate and complete. If we deny the member's request, we will provide a written explanation for the denial and the member's rights regarding the denial.

Right to an Accounting of Disclosures: Members have the right to receive an accounting of the instances in which the Programs or our Business Associates have disclosed member PHI. The accounting will review disclosures made over the past six years. We will provide the member with the date on which we made a disclosure, the name of the person or entity to whom we disclosed the PHI, a description of the information

we disclosed, the reason for the disclosure, and certain other information. Certain disclosures are exempted from this requirement (e.g., those made for treatment, payment or health benefits operation purposes or made in accordance with an authorization) and will not appear on the accounting.

Right to Request Restrictions: The member has the right to request that the Programs place restrictions on the use or disclosure of their PHI for treatment, payment, or health care operations purposes. The Programs are not required to agree to any restrictions and in some cases will be prohibited from agreeing to them. However, if we do agree to a restriction, our agreement will always be in writing and signed by the Privacy Officer. The member request for restrictions must be in writing. A form can be obtained by using the contact information found at the end of this Notice.

Right to Restrict Disclosures: The member has the right to request that a provider restrict disclosure of PHI to the Programs or Business Associates if the PHI relates to services or a health care item for which the individual has paid the provider in full. If payment involves a flexible spending account or health savings account, the individual cannot restrict disclosure of information necessary to make the payment but may request that disclosure not be made to another program or health plan.

Right to Receive Notification of a Breach: The member has the right to receive notification in the event that the Programs or a Business Associate discover unauthorized access or release of PHI through a security breach.

Right to Request Confidential Communications: The member has the right to request that the Programs communicate with them in confidence about their PHI by using alternative means or an alternative location if the disclosure of all or part of that information to another person could endanger them. We will accommodate such a request if it is reasonable, if the request specifies the alternative means or locations, and if it continues to permit the Programs to collect premiums and pay claims under the health plan.

To request changes to confidential communications, the member must make their request in writing, and must clearly state that the information could endanger them if it is not communicated in confidence as they requested.

Right to Receive a Paper Copy of the Notice: Members are entitled to receive a paper copy of this Notice. Please contact us using the information at the end of this Notice.

Questions and Concerns

If you have questions or concerns, please contact the Programs using the information listed at the end of this Notice.

If members think the Programs may have violated their privacy rights, or they disagree with a decision made about access to their PHI, in response to a request made to amend or restrict the use or disclosure of their information, or to have the Programs communicate with them in confidence by alternative means or at an alternative location, they must submit their complaint in writing. To obtain a form for submitting a complaint, use the contact information found at the end of this Notice.

Members also may submit a written concern to the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201.

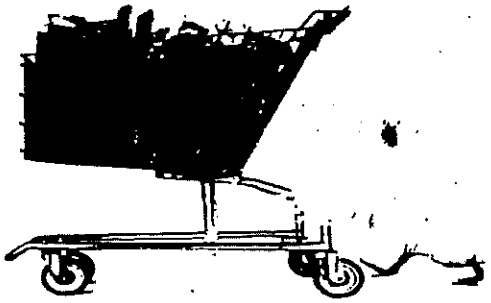
The Programs support member rights to protect the privacy of PHI. It is your right to file a complaint with the Programs or with the U.S. Department of Health and Human Services.

Contact Office: HIPAA Privacy Officer

Address:
New Jersey Division of Pensions & Benefits
P.O. Box 295
Trenton, NJ 08625-0295

Fax: (609) 341-3412

Email: ***hipaaform@treas.nj.gov***



Aflac is coming for open enrollment!!!!

OCEAN COUNTY

Administration Building, Room 116 at 101 Hooper Avenue
Friday - October 1st, October 8th, and October 15th – 9:00 a.m. – 3:00 p.m.

Don't forget to ask about the Flexible Spending Account

All Aflac voluntary insurance policies are available. There are advantages to applying for Aflac policies, they include a special payroll rate, fully portable, guaranteed renewable, and cash paid directly to you.

NEW ENHANCED Accident/Injury Policy: We pay lump sum cash to you for injuries on and off the job. You can cover your spouse and children. Our lowest "A" rate is offered: $60 wellness benefit included. It includes many new and enhanced benefits than our previous version.

Income Protection: Protect your most important asset, your income. **We now have guaranteed issue disability coverage, up to $5,000.00, 6 mth. Per occurrence benefit option.** Amounts up to $6000 per month are available. You can select other benefit periods, waiting periods and income levels you are comfortable with.
Pays for off the job accident, sickness disability and unable to work.

Cancer indemnity- Helps families deal with the financial burdens of cancer treatment. Yearly $75 cancer screening benefit. Pays lump sums of money if you, or covered family member is diagnosed or treated for cancer.

NEW AFLAC Plus Rider : Helps families deal with the financial burdens of catastrophic illnesses heart attack, stroke, type I diabetes, advanced Alzheimer and Parkinson's, bypass surgery & others.

Hospital Indemnity: Pays cash directly to you for expenses related to a hospital stay and can include family members.**NEW. Plan design and coverage including guaranteed issue. Consider this coverage and maternity is in your plans**

Aflac provides plans that pay cash benefits upon the occurrence of a covered medical event or service, and ***are always payable to the policy holder. Look for meeting times in your department, or*** **contact Aflac representative for details.**

Aflac Agent: Edward Moore 732-804-9938

COUNTY OF OCEAN
DEPARTMENT OF FINANCE

ocpayroll@co.ocean.nj.us

DIRECT DEPOSIT AUTHORIZATION

I. Action

☐ New Enrollment ☐ Change to Enrollment

II. Employee Information

Employee Name *(Please Print)* _____

Social Security Number _____ Department _____

III. Banking Inft ormation

A) Bank Name _____ _____

Type of Account: ☐ Checking Account ☐ Savings Account Amount _____

Account Number _____ ABA Routing/Transit Number _|_|_|_|_|_|_|_|_|

B) Bank Name _____ _____

Type of Account: ☐ Checking Account ☐ Savings Account Amount _____

Account Number _____ ABA Routing/Transit Number _|_|_|_|_|_|_|_|_|

C) Bank Name _____ _____

Type of Account: ☐ Checking Account ☐ Savings Account Amount _____

Account Number _____ ABA Routing/Transit Number _|_|_|_|_|_|_|_|_|

IV. Agreement/Authorization

I (We) authorize the *County of Ocean* to initiate credit entries to my (our) account indicated above and the Financial Organization named above, hereinafter called Receiving Bank to credit the same to such account. Changes to said account initiated by the *County of Ocean* may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and in affect until the *County of Ocean* has received written notification from me of its termination in such time and in such manner as to afford the *County of Ocean* and the Receiving Bank a reasonable opportunity to act on it.

_____ _____

Employee Signature Date

NOTE: A form of Back-up is needed for all new accounts, voided check, letter from the Bank or screen shot with the routing number and account number listed.

Department of Finance
Entered by: _____ Date: _____
Checked by: _____ Date: _____

Fin.112

COUNTY OF OCEAN
DEPARTMENT OF FINANCE

JULIE N. TARRANT
County Comptroller & CFO

CATHY A. ERNST
Assistant Comptroller

Welcome,

As part of your employment with Ocean County government you are required to have your paycheck deposited into an account with a financial institution.

You have the ability to direct deposit the funds into a checking account, savings account or any other financial account. The financial institution you choose must have an American Bankers Association number, also known as ABA number. You should verify with your financial institution to ensure you are using the correct ABA number for funds being deposited.

For your convenience the Direct Deposit form is included in your new employee package. You must provide either a void check or an online statement with the ABA number and your account number.

Should you have any questions, you may contact the payroll section of the Department of Finance Administration Building Room #211 or by phone 732-929-2127

Very Truly Yours,

Julie N. Tarrant
Comptroller/CFO

COUNTY OF OCEAN
DEPARTMENT OF FINANCE

MOIRE M. DiMARTINI
County Comptroller & CFO

January 1, 2026

Dear New Employee,

Welcome to the County of Ocean! As a full-time or permanent part-time employee, there are several voluntary payroll deduction programs available to you.

The County of Ocean offers a Deferred Compensation Plan (457 EDC) for Retirement Savings. This plan is a voluntary payroll deduction and bi-weekly contribution amounts are federally tax deferred. With the exception of very few circumstances, the amounts you contribute into this plan cannot be withdrawn until your retirement from or termination of employment from the County of Ocean. You may choose, however, to suspend, increase or decrease your deductions at any time.

Empower and Equitable are the two providers of Deferred Compensation Plans for the County of Ocean. A representative of the provider you elect will assist you with your investment goals.

THE CURRENT MAXIMUM ANNUAL DEFERRAL LIMITS ARE AS FOLLOWS:

Year	Max. Annual Limit Under Age 50	Max. Max. Annual Limit Age 50+	Max. Annual Limit for Pre-Retirement Catch-Up ***
2025	$ 23,500	$ 31,000	$ 47,000
2026	$ 24,500	$ 32,500	$ 49,000

***Pre-Retirement Catch-Up provisions may allow a participant to contribute additional amounts three years before, but not including the year of, retirement. These amounts are based on underutilized contributions that the participant did not take advantage of during their employment with the County, from their start date.

If you are interested in obtaining additional information regarding the County of Ocean Deferred Compensation Plan, please contact the Finance Department at (732) 929-2127.

Very truly yours,

Julie N. Tarrant
Plan Administrator

JNT/ck

OCEAN COUNTY EMPLOYEES FEDERAL CREDIT UNION

All EMPLOYEES ARE WELCOMED TO JOIN THE CREDIT UNION.

OPEN A SAVINGS ACCOUNT AND START SAVING TODAY. WE ALSO OFFER LOANS TO MEMBERS.

WE ARE LOCATED AT: **118 WASHINGTON ST.**

TOMS RIVER, NJ 08753

PLEASE CALL CREDIT UNION TO BECOME A MEMBER.

(732)-341-4004

New Jersey Department of Labor and Workforce Development

Chapter 194, Laws of New Jersey, 2009, Relating to

Employer Obligation to Maintain and Report Records

Regarding Wages, Benefits, Taxes and Other Contributions and Assessments Pursuant to State Wage, Benefit and Tax Laws

Wage Payment Law (N.J.S.A. 34:11-4.1 et seq.) and

Wage and Hour Law (N.J.S.A. 34:11-56a et seq.)

Each employer must keep a record of each employee which contains the following information:

1. The name of the employee;
2. The address of the employee;
3. The birth date of the employee if the employee is under the age of 18;
4. The total hours worked by the employee each day and each workweek;
5. The earnings of each employee, including the regular hourly wage, gross to net amounts with itemized deductions, and the basis on which wages are paid;
6. Regarding each employee who receives gratuities, the total gratuities received by the employee during the payroll week;
7. Regarding each employee who receives gratuities, daily or weekly reports completed by the employee containing the following information: (a) the employee's name, (b) the employee's address, (c) the employee's social security number, (d) the name and address of the employer,
(e) the calendar day or week covered by the report, and (f) the total amount of gratuities received; and
8. Regarding each employee for whom the employer claims credit for food or lodging as a cash substitute for the employee who receives food or lodging supplied by the employer, information substantiating the cost of furnishing such food or lodgings, including but not limited to the nature and amount of any expenditures entering into the computation of the fair value of the food or lodging and the date required to compute the amount of the depreciated investment in any assets allocable to the furnishing of the lodgings, including the date of acquisition or construction, the original cost, the rate of depreciation and the total amount of accumulated depreciation on such assets.

The employer may use any system of time keeping provided that it is a complete, true and accurate record.

The employer must keep the wage and hour records described above for a period of six years.

The employer must keep the wage and hour records described above at the place of employment or in a central office in New Jersey.

Prevailing Wage Act (N.J.S.A. 34:11-56.25 et seq.)

The Prevailing Wage Act applies to employers only under certain circumstances.

Specifically, it applies only when an employer enters into a contract in excess of the prevailing wage contract threshold amount for any public work (as the term "public work" is defined at N.J.S.A. 34:11-56.26) to which any

public body is a party or for public work to be done on a property or premises owned by a public body or leased or to be leased by a public body.

Each public works contractor must submit to the public body or lessor which contracted for the public works project a certified payroll record containing the following employee information:

1. Name;
2. Address;
3. Social security number;
4. Craft or trade;
5. Actual hourly rate of pay;
6. Actual daily, overtime and weekly hours worked in each craft or trade;
7. Gross pay;
8. Itemized deductions;
9. Net pay paid to the employee;
10. Any fringe benefits paid to approved plans, funds or programs on behalf of the employee; and
11. Fringe benefits paid in cash to the employee.

Each public works contractor must, within 10 days of payment of wages, submit the certified payroll record to the public body or the lessor which contracted for the public works project.

Each public works contractor which employs one or more apprentices on a public works project must maintain with its records written evidence that the apprentice or apprentices are registered in an approved apprenticeship program while performing work on the project.

Unemployment Compensation Law (N.J.S.A. 43:21-1 et seq.),

Temporary Disability Benefits Law (N.J.S.A. 43:21-25 et seq.) and

Family Leave Insurance Benefits Law, P.L. 2008, c. 17.

Payroll records: Each employing unit must maintain a record for each worker engaged in employment, which record must contain the following information about the worker:

1. Full name, address and social security number;
2. Total remuneration paid in each pay period showing separately cash, including commissions and bonuses; the cash value of all compensation in any medium other than cash; gratuities received regularly in the course of employment if reported by the employee, or if not so reported, the minimum wage rate prescribed under applicable laws of this State or of the United States, or the amount of remuneration actually received by the employee, whichever is higher, and service charges collected by the employer and distributed to workers in lieu of gratuities and tips;
3. An entry under the heading "special payments" of the amount of any special payments, such as bonuses and gifts, which have been paid during the pay period but which relate to employment in a prior period. The following shall be shown separately under this heading: cash payments, cash value of other remuneration, the nature of such payments, the period during which the services were performed for which special payments were payable;
4. The date hired, rehired and returned to work after temporary layoff;
5. The date separated from employment and the reason for separation;
6. Such information as may be necessary to determine remuneration on a calendar week basis; and
7. The number of base weeks (as the term "base week" is defined in N.J.S.A. 43:21-19(t)) and wages.

All records referred to in 1. through 7. above must be kept safe and readily accessible at the New Jersey place of business of the employing unit.

All records referred to in 1. through 7. above must be retained for the current calendar year and for the four preceding calendar years.

Once an employer becomes inactive, the employer must keep all records referred to in 1. through 7. above for the subsequent six quarters.

Wage reporting: Each employer (other than employers of domestic service workers) must electronically file a WR-30, "Employer Report of Wages Paid," with the Division of Revenue, within the Department of the Treasury, within 30 days after the end of each quarter. The WR-30 lists the name, social security number and wages paid to each employee and the number of base weeks worked by the employee during the calendar quarter.

Each employer of domestic service workers (as the term "domestic service worker" is defined at N.J.A.C. 12:16-13.7(b)) must file an annual, rather than quarterly, WR-30 with the Division of Revenue, within the Department of the Treasury.

Contribution reporting: Each employer (other than employers of domestic service workers) must electronically file an NJ-927, "Employer's Quarterly Report," with the Division of Revenue, within the Department of the Treasury, and remit the corresponding unemployment insurance, supplemental workforce fund, workforce development partnership fund, temporary disability insurance and family leave insurance contribution payments, within 30 days after the end of each quarter. The NJ-927 lists the total of all wages paid, the wages paid in excess of the taxable maximum, the taxable wages on which contributions are due, the number of workers employed during the pay period, the number of workers insured under a "private plan" for temporary disability insurance and the number of workers insured under a "private plan" for family leave insurance.

Each employer of domestic service workers (as the term "domestic service worker" is defined in N.J.A.C. 12:16-13.11(c)) must file an annual, rather than quarterly, NJ-927H, "Domestic Employer's Annual Report," with the Division of Revenue, within the Department of the Treasury.

Temporary Disability Insurance and Family Leave Insurance information: Each employer must retain all records pertaining to any election to discontinue a private plan for temporary disability insurance and/or family leave insurance benefits and must make such records available for inspection by the Division of Temporary Disability Insurance for a one-year period from the date that the private plan is terminated.

Each employer having a private plan for temporary disability insurance and/or family leave insurance must, within 10 days after the Division of Temporary Disability Insurance has mailed the employer a request for information with respect to a period of disability, furnish the Division with any information requested or known to the employer which may bear upon the eligibility of the claimant.

Each employer having two or more approved private plans in effect during a calendar half-year or any portion thereof must, on or before the 30th day following the close of the calendar half-year, file a report showing the amount of taxable wages paid during such calendar half-year to employees while covered under each such private plan.

Each employer who provides temporary disability insurance to its employees through a self-insured private plan must, for the six-month periods ending June 30 and December 31 of each calendar year during which the self-insured private plan is in effect, file a statement with the Division of Temporary Disability Insurance, on or before the 30th day following the end of the respective six-month period showing:

1. The number of claims received during the six-month period,

2. The number of claims accepted during the six-month period,
3. The amount of benefits paid during the six-month period, and
4. Such other information as the Division of Temporary Disability Insurance may require with respect to the financial ability of the self-insurer to meet the self-insured's obligations under the plan.

On or before the 30th day following the close of each calendar year during which a self-insured private plan for temporary disability insurance is in effect, the employer must file a report with the Division of Temporary Disability Insurance showing:

1. The amount of funds available at the beginning of that year for payment of disability benefits,
2. The amount contributed by workers during that year,
3. The amount contributed by the employer during that year,
4. The amount of disability benefits paid during that year,
5. Direct cost of administration of the plan during that year, and
6. The number of employees covered by the plan as of December 31.

Each employer who provides family leave insurance to its employees through a self-insured private plan must for the one-year period ending December 31 of each calendar year during which a self-insured private plan is in effect file a statement with the Division of Temporary Disability Insurance, on or before the 30th day following the end of the one-year period showing the following information with regard to each of the following types of claims: care of a sick child, care of a sick spouse, care of a sick domestic partner, care of a sick civil union partner, care of a sick parent, bonding by biological parent with a newborn child, bonding by domestic partner or civil union partner of biological parent with a newborn child, bonding by individual with newly adopted child:

1. The number of claims for family leave insurance benefits received during the one-year period,
2. The number of claims for family leave insurance benefits accepted during the one-year period,
3. The number of workers who received family leave insurance benefits during the one-year period,
4. The amount of family leave insurance benefits paid during the one-year period,
5. The average weekly family leave insurance benefit during the one-year period,
6. The amount of sick leave, vacation leave or other fully paid time, which resulted in reduced benefit duration during the one-year period,
7. With regard solely to family leave insurance benefit claims to care for sick family members, the amount of intermittent family leave insurance benefits paid during the one-year period, and
8. The average duration of family leave insurance benefits, in days, during the one-year period.

The information reported in 1. through 8. above must be broken down by sex and by age group, beginning at 25 years and under and increasing in increments of 10.

On or before the 30th day following the close of each calendar year during which a self-insured private plan for family leave insurance is in effect, the employer must file a report with the Division of Temporary Disability Insurance showing:

1. The amount of funds available at the beginning of that year for payment of family leave insurance benefits,
2. The amount contributed by workers during that year,
3. The direct cost of administration of the plan during that year,
4. The number of employees covered by the plan as of December 31, and
5. Such other information as the Division of Temporary Disability Insurance may require with respect to the financial ability of the self-insurer to meet the self-insured's obligation under the plan.

Workers' Compensation Law (N.J.S.A. 34:15-1 et seq.)

Upon the happening of an accident or the occurrence of any occupational disease, an employer who has insurance coverage or utilizes a third-party administrator shall promptly furnish the insurance carrier or the third-party administrator with accident or occupational disease information.

Within three weeks after an accident or upon knowledge of the occurrence of an occupational disease, every insurance carrier, third-party administrator, statutory non-insured employer, including the State, counties, municipalities and school districts, and duly authorized self-insured employer not utilizing a third-party administrator must file a report designated as "first notice of accident" in electronic data interchange media with the Division of Workers' Compensation through the Compensation Rating and Inspection Bureau in a format prescribed by the Compensation Rating and Inspection Bureau. When filed by an insurance carrier or third-party administrator, the report must also be sent to the employer. If the employer disagrees with the report, the employer may prepare and sign an amended report and file the amended report with the insurance carrier or third-party administrator. The amended report must then be filed electronically with the Division through the Compensation Rating and Inspection Bureau.

Every insurance carrier providing workers' compensation insurance and every workers' compensation self-insured employer shall designate a contact person who is responsible for responding to issues concerning medical and temporary disability benefits where no claim petition has been filed or where a claim petition has not been answered. The full name, telephone number, mailing address, email address and fax number of the contact person must be submitted to the Division of Workers' Compensation utilizing the Division's contact person form in the manner instructed on the form.

Each employer, when directed to do so by the Division of Workers' Compensation, must submit to the Division of Workers' Compensation copies of such medical certificates and reports as it may have on file.

Gross Income Tax Act (N.J.S.A. 54A:1-1 et seq.)

Employer's Quarterly Report: The Employer's Quarterly Report, NJ-927, reports New Jersey Gross Income Tax withheld, unemployment insurance, supplemental workforce fund, workforce development partnership fund, family leave insurance and temporary disability insurance wage and withholding information.

Each employer is required to electronically file an Employer's Quarterly Report, NJ-927, for each calendar quarter, regardless of the amount of tax actually due for a particular quarter. Quarterly reports are due on the 30th day of the month following the end of each quarter.

Employers of "domestic service workers" may report and pay New Jersey Gross Income Tax withheld on an annual, rather than quarterly, basis on an NJ-927H.

Records to be kept: Every employer is required to keep all pertinent records available for inspection by authorized representatives of the New Jersey Division of Taxation. Such records must include the following:

1. The amounts and dates of all wage payments subject to New Jersey Gross Income Tax;
2. The names, addresses and occupations of employees receiving such payments;
3. The periods of their employment;
4. Their social security numbers;
5. Their withholding exemption certificates;
6. The employer's New Jersey Taxpayer Identification Number;
7. Record of weekly, monthly, quarterly remittances and/or returns and annual returns filed;

8. The dates and amounts of payments made; and
9. Days worked inside and outside of New Jersey for all nonresident employees.

Contact Information

If an employee or an employee's authorized representative wishes to contact a State representative in order to provide information to or file a complaint with the representative regarding an employer's possible failure to meet any of the requirements set forth above, he or she may use the following contact information:

For possible failure to meet the record keeping or reporting requirements of the **Wage Payment Law, Wage and Hour Law** or **Prevailing Wage Act**:

Phone: 609-292-2305
E-mail: *wagehour@dol.nj.gov*
Mail: New Jersey Department of Labor and Workforce Development
Division of Wage and Hour Compliance
P.O. Box 389
Trenton, NJ 08625-0389

For possible failure to meet the record keeping or reporting requirements of the **Unemployment Compensation Law, Temporary Disability Benefits Law** or **Family Leave Insurance Benefits Law**:

Phone: 609-292-2810
E-mail: *emplaccts@dol.nj.gov*
Mail: New Jersey Department of Labor and Workforce Development
Division of Employer Accounts
P.O. Box 947
Trenton, NJ 08625-0947

For possible failure to meet the record keeping or reporting requirements of the **Workers' Compensation Law**:

Phone: 609-292-2515
E-mail: *dwc@dol.nj.gov*
Mail: New Jersey Department of Labor and Workforce Development
Division of Workers' Compensation
P.O. Box 381
Trenton, NJ 08625-0381

For possible failure to meet the record keeping or reporting requirements of the **Gross Income Tax Act**:

Phone: 609-292-6400
E-mail: *nj.taxation@treas.state.nj.us*
Mail: New Jersey Department of the Treasury
Division of Taxation • Information and Publications Branch
P.O. Box 281
Trenton, NJ 08625-0281

NEW JERSEY DEPARTMENT OF LWD LABOR AND WORKFORCE DEVELOPMENT
nj.gov/labor

This notice must be conspicuously posted. Not later than December 7, 2011, each employee must also be provided a written copy of the notice or, for employees hired after November 7, 2011, a written copy of the notice must be provided at the time of the employee's hiring. See N.J.A.C. 12:2-1.3 for alternate methods of posting and distribution by electronic means.

County of Ocean
MEMORANDUM
Employee Relations

TO: Ocean County Employees
FROM: Ryan Reilly - Business Manager, Employee Relations
SUBJECT: **Employee Self-Serve (ESS)**
DATE: As of 6/1/2023

All Ocean County employees have Employee Self Service (ESS), an application which allows you to access your HR and Payroll related data. ESS can be accessed through https://oceancca-ext.hostams.com/PRDESS1X1/Advantage4. Your User name is first initial + last name in most instances (must be lowercase) and your Password is Adv4x# + your Kronos Number (numbers only, do not include the + symbol). Your Kronos Number can be obtained from your department timekeeper.

After login, you will be required to change your password. Passwords must be 8 to 16 characters long and have one lower case, one upper case, one number and one of the following special characters @ # $ %. Also, passwords cannot contain your User ID or the word 'password'. You will also be required to setup a password hint. This will allow you to use the 'Forgot Password' link, which will email you a temporary password if you ever forget your password.

For questions related to login and application function please contact the IT Help Desk at 732-929-4715 or x-3355.
NOTE: New hire accounts may take up to a week to be generated. Account access is available when user receives an email with their password.

New Jersey SAFE Act

The New Jersey Security and Financial Empowerment Act ("NJ SAFE Act"), P.L. 2013, c.82, provides that certain employees are eligible to receive an unpaid leave of absence, for a period not to exceed 20 days in a 12-month period, to address circumstances resulting from domestic violence or a sexually violent offense. To be eligible, the employee must have worked at least 1,000 hours during the immediately preceding 12-month period. Further, the employee must have worked for an employer in the State that employs 25 or more employees for each working day during each of 20 or more calendar workweeks in the then-current or immediately preceding calendar year.

Leave under the NJ SAFE Act may be taken by an employee who is a victim of domestic violence, as that term is defined in N.J.S.A. 2C:25-19, or a victim of a sexually violent offense, as that term is defined in N.J.S.A. 30:4-27.6. Leave may also be taken by an employee whose child, parent, spouse, domestic partner, or civil union partner is a victim of domestic violence or a sexually violent offense.

Leave under the NJ SAFE Act may be taken for the purpose of engaging in any of the following activities as they relate to an incident of domestic violence or a sexually violent offense:

(1) Seeking medical attention for, or recovering from, physical or psychological injuries caused by domestic or sexual violence to the employee or the employee's child, parent, spouse, domestic partner or civil union partner

(2) Obtaining services from a victim services organization for the employee or the employee's child, parent, spouse, domestic partner, or civil union partner

(3) Obtaining psychological or other counseling for the employee or the employee's child, parent, spouse, domestic partner or civil union partner

(4) Participating in safety planning, temporarily or permanently relocating, or taking other actions to increase the safety from future domestic violence or sexual violence or to ensure the economic security of the employee or the employee's child, parent, spouse, domestic partner or civil union partner

(5) Seeking legal assistance or remedies to ensure the health and safety of the employee or the employee's child, parent, spouse, domestic partner, or civil union partner, including preparing for or participating in any civil or criminal legal proceeding related to or derived from domestic violence or sexual violence; or

(6) Attending, participating in or preparing for a criminal or civil court proceeding relating to an incident of domestic or sexual violence of which the employee or the employee's child, parent, spouse, domestic partner, or civil union partner, was a victim.

Leave under the NJ SAFE Act must be used in the 12-month period immediately following an instance of domestic violence or a sexually violent offense. The unpaid leave may be taken intermittently in intervals of no less than one day. The unpaid leave shall run concurrently with any paid vacation leave, personal leave, or medical or sick leave that the employee elects to use or which the employer requires the employee to use during any part of the 20-day period of unpaid leave. If the employee requests leave for a reason covered by both the NJ SAFE Act and the Family Leave Act, N.J.S.A. 34:11B-1 et seq., or the federal Family and Medical Leave Act, 20 U.S.C. 2601 et seq., the leave shall count simultaneously against the employee's entitlement under each respective law.

Employees eligible to take leave under the NJ SAFE Act must, if the necessity for the leave is foreseeable, provide the employer with written notice of the need for the leave. The employee must provide the employer with written notice as far in advance as reasonable and practicable under the circumstances. The employer has the right to require the employee to provide the employer with documentation of the domestic violence or sexually violent offense that is the basis for the leave. The employer must retain any documentation provided to it in this manner in the strictest confidentiality, unless the disclosure is voluntarily authorized in writing by the employee or is authorized by a federal or State law, rule or regulation.

The NJ SAFE Act also prohibits an employer from discharging, harassing or otherwise discriminating or retaliating or threatening to discharge, harass or otherwise discriminate against an employee with respect to the compensation, terms, conditions or privileges of employment on the basis that the employee took or requested any leave that the employee was entitled to under the NJ SAFE Act, or on the basis that the employee refused to authorize the release of information deemed confidential under the NJ SAFE Act.

To obtain relief for a violation of the NJ SAFE Act, an aggrieved person must file a private cause of action in the Superior Court within one year of the date of the alleged violation.

This notice must be conspicuously displayed.

NEW JERSEY DEPARTMENT OF LWD LABOR AND WORKFORCE DEVELOPMENT
nj.gov/labor

COUNTY OF OCEAN POLICY
AGAINST DISCRIMINATION AND HARASSMENT

Original Adoption: August 3, 1993

***Adoption/Issue Date*: November 18, 2020**

Issued by: Board of Chosen Freeholders

Effective date: **November 19, 2020**

I. PURPOSE

The County of Ocean (the "County") is committed to providing a work environment that is free from all forms of illegal discrimination and harassment, including but not limited to sexual harassment. This includes discrimination or harassment of employees by any individual, including but not limited to managers, supervisors, co-workers, vendors, guests, and/or any individual who is permitted to enter County facilities and/or interacts with County employees. In keeping with this commitment, the County maintains a strict policy prohibiting discrimination and harassment, including sexual harassment. Retaliation is also prohibited.

In addition to expressly prohibiting discrimination and harassment, the purpose of this policy is to define and identify examples of impermissible discriminatory and/or harassing conduct. This policy also mandates the managers and supervisors report conduct violating this policy which they may observe or which may be reported to them. Finally, this policy provides a mechanisms for reporting and resolving complaints of discrimination and/or harassment.

II. POLICY

The County's policy strictly prohibits discrimination and harassment of any individual on the basis of that individual's actual or perceived race (including traits and hairstyles historically associated with race), creed, color, national origin/nationality, ancestry, religion, age, sex/gender, pregnancy, pregnancy related medical conditions, childbirth, breastfeeding, gender identity or expression, affectional or sexual orientation, marital status, civil union status,

domestic partnership status, disability (including AIDS or HIV infection), atypical hereditary cellular or blood trait, genetic information (including refusal to submit to a genetic test or make genetic test results available), status as a disabled veteran or veteran of the Armed Forces of the United States, or liability for service in the Armed Forces of the United States, and/or any other characteristic protected by laws.

Every employee is expected to adhere to a standard of conduct that is professional and respectful of all persons within the work environment.

Inappropriate workplace behavior and unlawful harassment of or discrimination against an employee or applicant for employment by managers, supervisors, co-workers, vendors, guests, and/or any individual who is permitted to enter County facilities and/or interacts with County employees are prohibited. Retaliation is also prohibited.

This policy applies to conduct that occurs in the workplace and conduct that occurs at any location which can be reasonably regarded as an extension of the workplace (any field location, off-site business related social functions, or any facility where County business is being conducted or discussed). Similarly, any form of electronic harassment or discrimination and/or harassment or discrimination via social media is prohibited. With regard to improper conduct by non-employees, the County will endeavor to protect employees, to the extent possible, from reported harassment by non-employees in the workplace. Harassment of non-employees by our employees is also prohibited.

In short, discrimination and harassment in the workplace will not tolerated, and shall be considered a form of employee misconduct, which will subject the employee to disciplinary action, up to and including immediate termination

III. PROHIBITED CONDUCT

Discrimination and harassment undermines the integrity of the employment relationship, compromises equal employment opportunity, debilitates morale, and interferes with work productivity.

This policy prohibits all forms of harassment, discrimination, and retaliation. This policy also requires all employees to fully cooperate with any investigation in allegations of discrimination, harassment, and/or retaliation to the fullest extent of the employee's knowledge and ability. Violations of this policy will result in disciplinary action, up to and including immediate termination.

A. **Definitions**:

(1) **Discrimination** - Any action or conduct which treats an individual differently or less favorably based upon an employee's actual or perceived protected characteristic. It may also include treating an individual differently or less favorably because individual has or exhibits the physical, cultural, or linguistic characteristics of members of a protected group.

(2) **Harassment** - Any verbal, nonverbal, and/or physical conduct directed at an individual because of the individual's actual or perceived protected characteristic that has the purpose or effect of interfering with the employee's work performance or creates an intimidating, hostile, or offensive work environment.

(3) **Sexual Harassment** - Engaging in any sexual or gender Based harassment of any kind, including hostile work environment harassment, quid pro quo harassment, or same-sex harassment. Sexual harassment includes any unwelcome sexual advance or request for sexual favors, or other verbal, non-verbal, and/or physical conduct of a sexual nature, or directed at an individual on account of their gender, when:

(a) Submission is made either explicitly or implicitly a condition of employment; or
(b) Submission or rejection is used as the basis for employment decisions; or
(c) Such conduct, of a sufficiently severe or pervasive nature, has the purpose or effect of interfering with an individual's work performance; or
(d) Such conduct creates an intimidating, hostile or offensive working environment.

(4) **Retaliation** – Retaliation includes any adverse again taken against an employee because that employee has alleged that they were the victim of discrimination, harassment, or retaliation; or provides information in the course of an investigation into claims of discrimination, harassment, or retaliation in the workplace; or challenges discriminatory, harassing, or retaliatory conduct; or opposes a discriminatory, harassing, or retaliatory practice.

B. **Prohibited Harassment**

While it is not always easy to define precisely what harassment is, it includes slurs, epithets, threats, derogatory comments, unwelcome jokes,

teasing and other similar verbal, non-verbal, and physical conduct and/or differential treatment based upon a protected characteristic. Examples of the type of conduct that can constitute unlawful harassment or sexual harassment include, but are not limited to:

- *Verbal harassment* - Unwelcome sexual comments or propositions, sexually graphic statements about an individual's body, remarks with a sexually demeaning implication, or unwelcome sexually explicit humor. It may also include slurs, epithets, threats, derogatory comments, unwelcome jokes, teasing, and other similar verbal differential treatment based upon ant protected characteristic.

- *Non*-verbal harassment – Gestures, eye contact, leering, or other actions which are or intended to be intimidating, mocking, teasing, otherwise uncomfortable, and/or to reference sexual activity sexual activity or refer/draw attention to physical appearance or characteristics.

- *Physical harassment* - Assault, impeding or blocking movement, or unwanted touching, patting, or other physical contact.

- *Visual forms of harassment* - Leering, making derogatory gestures, or displaying derogatory or stereotypical depictions based upon protected characteristics. This may include physical or virtual/electronic depictions, including e-mails, texts, social media posts, etc.

- *Sexual conduct* - Unwelcome sexual advances, requests for sexual favors, propositions, and other verbal or physical conduct of a sexual nature.

- *Retaliation* - Taking adverse employment action against an employee or otherwise treating the employee differently because the employee has reported harassment, discrimination, and/or retaliation, or threatened to report harassment, discrimination, or retaliation, or has provided information or participated in an investigation of a harassment, discrimination, or retaliation, or challenged discriminatory, harassing, or retaliatory conduct, and/or refused to participate in a discriminatory, harassing, or retaliatory conduct

- *Specific Examples* – The following is a non-exclusive listing of the type of behaviors/actions which are a violation of this policy and constitute discrimination and/or harassment subjecting an employee to discipline:

- Comments, remarks, slurs, threats, epithets, derogatory statements, teasing, etc. based upon or because of a person's actual or perceived protected characteristic;
- Unwanted physical contact such as intentional touching, grabbing, pinching, brushing against another's body, and/or impeding or blocking movement;
- Verbal, written or electronic sexually suggestive or obscene comments, jokes or propositions including letters, notes, e-mail, text messages, invitations, gestures or inappropriate comments about a person's clothing, body, etc.;
- Visual contact, such as leering or staring at another's body; gesturing; displaying sexually suggestive objects, cartoons, posters, magazines or pictures of scantily-clad individuals; or displaying sexually suggestive material on a bulletin board, on a locker room wall, or on a screen saver;
- Explicit or implicit suggestions of sex by a supervisor or manager in return for a favorable employment action such as hiring, compensation, promotion, or retention;
- Suggesting or implying that failure to accept a request for a date or sex would result in an adverse employment consequence with respect to any employment practice such as performance evaluation or promotional opportunity;
- Discriminating against an individual with regard to terms and conditions of employment because of being in one or more of the protected categories;
- Treating an individual differently because of an individual's race, color, national origin, or other protected category; or because an individual has the physical, cultural, or linguistic characteristics of a racial, religious, or other protected category;
- Treating an individual differently because of marriage to, civil union to, domestic partnership with, or association with persons of a racial, religious or other protected category; or due to the individual's membership in or association with an organization identified with the interests of a certain racial, religious, or other protected category; or because an individual's name, domestic partner's name, or spouse's name is associated with a certain racial, religious, or other protected category;
- Calling an individual by an unwanted nickname that refers to one or more of the protected categories, or telling jokes pertaining to one of more protected categories;
- Using derogatory references with regards to any of the protected categories in any communication;
- Engaging in threatening, intimidating, or hostile acts toward another individual in the workplace because the individual

belongs to, or is associated with, any other protected categories; and/or
- Displaying or distributing materials (including electronic communications) in the workplace that contains derogatory or demeaning language or images pertaining to any of the protected categories.

A violation of this policy can occur even if there is no intent on the part of an individual to harass or demean another. ***A single incident may be sufficient to lead to a finding of a violation.***

C. **Failure to cooperate with investigation** – Employees must fully cooperate with an investigation of discrimination/harassment. A failure to provide cooperation and/or requested information may subject an employee to disciplinary action, including possible termination.

IV. SUPERVISOR RESPONSIBILITIES

Supervisors and managers shall make every effort to maintain a work environment that is free from any form of prohibited discrimination, harassment, and/or retaliation. Supervisors and managers shall take immediate measures to end any discrimination, harassment, or retaliation which they should witness, including intervening in a situation as appropriate and separating employees as necessary. Supervisors shall immediately report discrimination, harassment, and/or retaliation which they observe or about which they hear, learn about and/or receive a formal or informal report about to their Department Head or the Director of Employee Relations. Supervisors shall adhere to all procedures and guidelines set forth in the policy.

Failure to comply with the requirements set forth in this policy, including but not limited to the reporting requirements for management, will result in disciplinary action, up to and including immediate termination of employment.

For the purposes of this policy, the term "supervisors" is defined to include Department Heads, Director, supervisor, manager, or any other individual who has authority to direct the work or otherwise control the work environment of any other employee or volunteer.

V. COMPLAINT REPORTING PROCEDURES

The County is committed to providing a workplace free from harassment and discrimination. However, we need your help to ensure our workplace remains free from harassment, discrimination, and retaliation. If management does not know harassment, discrimination, or retaliation has occurred, we cannot address

and eradicate it. Employees should not "assume" management is aware of any situation about which they may be concerned. ***Employees are strongly encouraged to bring any complaint they may have regarding discrimination, harassment, including sexual harassment, and/or retaliation, to management's attention so that the matter may be investigated, and as appropriate, prompt and effective corrective action taken.***

No adverse action will be taken or permitted against any employee who brings forth a good faith complaint of discrimination, harassment, and/or retaliation.

Individuals who have experienced or witnessed conduct that they believe is contrary to this policy are encouraged to immediately notify one of the following individuals:

- Immediate Supervisor
- Department Head
- Director of Employee Relations

  Robert A. Greitz, Director
  Employee Relations, County of Ocean
  Administration Building, Room 204
  Toms River, New Jersey 08754
  (732) 929-2128
  rgreitz@co.ocean.nj.us

Complaints can also be filed within 180 days of the violation with the New Jersey Division of Civil Rights (https://www.nj.gov/oag/dcr/index.html) at the following addresses:

Trenton Regional Office
140 East Front Street
6th Floor, P.O. Box 090
Trenton, New Jersey 08625-0090
(609) 292-4605

Newark Regional Office
31 Clinton Street, 3rd Floor
P.O. Box 46001
Newark, New Jersey 07102
(973) 648-2700

Atlantic City Office
26 Pennsylvania Avenue, 3rd Floor
Atlantic City, New Jersey 08401
(609) 441-3100

Please note that victims of prohibited physical sexual conduct may also file a criminal complaint with law enforcement where the incident occurred.

A. Informal Complaints/Observations

County employees in managerial or supervisory capacities who become aware of any form of discrimination, discrimination, or retaliation, whether by an informal complaint or by personal observation of activities, are required to:

(1) Address the inappropriate behavior by utilizing the County's progressive disciplinary procedures as outlined in the Employee Handbook; and
(2) Refer the matter to their Department Head/Director; and
(3) Upon receipt of the information, the Department Heads/Directors shall refer the matter to Director of Employee Relations for further investigation.

Failure to refer the matter to the Department Head/Director, and the Director of Employee Relations shall subject the managerial or supervisory employee and/or Department Head/Director to disciplinary action.

B. Formal Complaints

Employees who believe that they have been subjected to discrimination shall report the incident(s) in writing to their Department Head while also providing a written copy of the complaint to the Director of Employee Relations.

- In the event the Department Head is directly involved, the matter shall be reported to the Employee Relations Director.
- If the Employee Relations Director is directly involved, the matter shall be reported to the County Administrator.

During the initial intake of a complaint, the Director of Employee Relations or authorized designee will obtain information regarding the complaint, and determine if interim corrective measures are necessary. Such interim action may include but is not limited to: (i) separation of the alleged victim and alleged perpetrator; (ii) removal of the alleged perpetrator from the workplace; (iii) involvement of law enforcement when appropriate for instances involving bodily harm or serious bodily injury.

Investigation of Complaint – Once a complaint of harassment, discrimination, or retaliation has been received, a prompt, thorough, and impartial investigation into the alleged harassment, discrimination, or retaliation will be conducted. The complaint shall be investigated by the Director of Employee Relations Department, or his designee.

The investigation process varies from case to case but may include individual interviews with the involved individuals, witnesses, or others individuals who may have information that the investigator believes is relevant to the matter. Confidentiality will be maintained throughout the investigatory process to the extent possible and to the extent consistent with ensuring an adequate investigation and appropriate corrective action is taken.

Each investigation is different and for this reason, an exact time frame for how long the investigation process takes cannot be prejudged. Depending on the number of parties/witnesses to be interviewed, availability of relevant parties/witnesses, documents to be reviewed, an investigation may be concluded in a matter of days or may occur over several weeks. Every effort will be made to conclude the investigation as soon as possible.

Upon completing an investigation, the complaining party will be notified of the outcome.

Where a violation of this policy is found to have occurred, the County shall take prompt and appropriate remedial action designed to ensure that the violation does not recur. The remedial action taken may include, but is not limited counseling, training, intervention, mediation, and/or disciplinary action, up to an including immediate termination of employment.

C. Record of complaints

The County shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate.

VI. NO RETALIATION

The County takes its anti-discrimination and anti-harassment policy seriously. As such, it is a violation of this policy to retaliate against any employee who:

- alleges that she or he was the victim of discrimination, harassment, or retaliation;
- reports any claim of discrimination, harassment, or retaliation;
- provides information in the course of an investigation into claims of discrimination, harassment, or retaliation in the workplace;
- challenges any discriminatory, harassing, or retaliatory conduct; and/or
- opposes a discriminatory practice.

Further, no employee bringing a complaint, providing information for an investigation, or testifying in any proceeding under this policy shall be subjected to

adverse employment consequences based upon such involvement or be the subject of other retaliation.

The following are examples of prohibited actions taken against an employee because the employee has engaged in activity protected by this subsection:

- Termination of an employee;
- Failing to recommend an employee for promotion;
- Altering an employee's work assignment for reasons other than legitimate business reasons;
- Imposing or threatening to impose disciplinary action on an employee for reasons other than legitimate business reasons; or
- Ostracizing an employee (for example, excluding an employee from an activity or privilege offered or provided to all other employees).

Retaliation against an individual for reporting harassment, discrimination, or retaliation, participating in an investigation of a claim, or refusing to participate in a discriminatory, harassing, or retaliatory conduct or activity, is a serious violation of this policy and, like discrimination, harassment, and retaliation itself, shall be subject to disciplinary action up to and **including termination.**

VII. CONFIDENTIALITY

All complaints and investigations shall be handled, to the extent possible, in a manner that will protect the privacy interests of those involved. To the extent practical and appropriate under the circumstances, confidentiality shall be maintained throughout the investigatory process. In the course of an investigation, it may be necessary to discuss the claims with the person(s) against whom the complaint was filed and other persons who may have relevant knowledge or who have a legitimate need to know about the matter. All persons interviewed, including witnesses, shall be directed not to discuss any aspect of the investigation with others in light of the important privacy interests of all concerned. Failure to comply with this confidentiality directive may result in administrative and/or disciplinary action, up to and including termination of employment.

VIII. DISCIPLINE

A. Any employee found to have violated this policy shall be subject to appropriate discipline. This may include, but shall not be limited to: referral for training, referral for counseling, written or verbal reprimand, suspension, demotion or dismissal.

B. Any employee found to have engaged in harassing, discriminatory, or retaliatory conduct shall be subject to discipline, including, but not limited

to immediate termination.

C. Any employee found to have engaged in retaliation against any complainant or witness shall be subject to discipline, including, but not limited to immediate termination.

IX. TRAINING

The County shall provide all new employees with training on the policy and procedures set forth in this policy within a reasonable period of time after each new employee's appointment date. Training shall be provided to all employees, including supervisors, at least every-other year. The County shall also provide supervisors with training on a regular basis regarding their obligations and duties under the policy and regarding procedures set forth in this section.

X. DISSEMINATION

The County shall annually distribute this policy, or a summarized notice of it, to all of its employees, including part-time and seasonal employees. The policy, or summarized notice of it, shall also be posted in conspicuous locations throughout the buildings and grounds of each County Department (that is, on bulletin boards or the County's intranet site).

EMPLOYEE COPY

COUNTY OF OCEAN
ELECTRONIC DEVICE AND SYSTEM ACCEPTABLE USE POLICY

Adoption/Issue Date: September 7, 2022

Issued by: Ocean County Board of Commissioners

Effective date: September 8, 2022

1. **Mission**

The Ocean County Board of Commissioners is committed to providing all County of Ocean employees with the most advanced technologies and equipment in order to provide quality services in the most cost effective manner. County Departments may supplement this Policy as needed or desired, so long as such supplements are consistent with the Policy and are approved by the Ocean County Information Technology Steering Committee.

2. **Scope**

This policy applies to all County Departments, County Employees, contractors, consultants, temporary workers, and others who develop, operate and/or administer information systems and resources for systems.

3. **Consent**

By accessing any of the County's electronic devices and/or information technology systems the user consents to the County's policies, including Department-specific policies, regarding their use.

4. **Definitions**

As used in this policy, unless the context clearly requires a different meaning, the following words shall have the meaning indicated:

- Access - means the ability to receive, use, view and manipulate data and operate controls of electronic devices and/or information technology systems that are the property of Ocean County.
- County-provided - means electronic devices, systems and/or access provided by the County.
- County Systems - interconnected computers that share a central storage system and various peripheral devices such as desktop computers, servers, printers, scanners, or network devices.
- Electronic Communication - shall include, but is not limited to, any electronic mail (e-mail), text messages, Internet Web forums, Instant Messaging (IM), Internet chat rooms and FAX. Electronic communication may utilize the written word, symbol, image, video or audio file.
- Electronic Devices and/or Information Technology Systems - shall include, but are not limited to, computers, tablets, laptops, IPads, cellular phones, smartphones, cellular devices, digital cameras, digital hardware

and software and peripheral electronic devices.

- Sexually Explicit Content - means content having as a primary theme (i) any lascivious description of or (ii) any lascivious picture, photograph, drawing, video, digital image or similar visual representation depicting a lewd exhibition of nudity, sexual excitement, or sexual conduct.
- Social Media - means websites and/or applications that allow individuals to create, share, and participate in personal and social communication.
- Streaming Media - is media sent in a continuous stream and is played as it arrives and is generally video or audio files.

5. **No Privacy Expectations**

The County reserves the right, without prior notice, to monitor, intercept, read, copy, capture, and disclose, for any purpose, the content of any information sent to and from, or stored on the County's infrastructure, computing devices, and computer systems – including e-mail, attachments to e-mail, electronic communications, internet pages and logs. All users, including County employees, using the County's infrastructure or Internet, county electronic mail or any County issued electronic device agrees to waive any right to privacy of the information, and consent to such information being accessed and disclosed by County personnel. The County may disclose or use any information monitored, intercepted, read, copied or captured to authorized personnel or law enforcement so that the information can be used for disciplinary action, civil litigation or criminal prosecution. The County may release or provide data or information if directed to do so by operation of law, pursuant to a lawfully issued subpoena, or pursuant to a ruling by a court or arbitrator of competent jurisdiction. Employees must be aware that all forms of electronic communications through County's Electronic Communication systems are subject to the New Jersey Open Public Records Act and may be disclosable.

6. **County Security System**

All employees shall ensure that their use of the Internet does not compromise the security and integrity of the County's information technology systems, networks and computer equipment, whether by allowing intruders into the networks or by introducing viruses or other threats. Employees shall not access another employee's computer or utilize another employee's password or county login identification code.

7. **Electronic Usage**

The electronic communication and the internet presents employees with opportunities for global communications and research but also creates risks, including security concerns and legal liability. In order for the County to maximize the benefits and minimize the risks associated with its use, this document provides the policy for electronic communication and internet access by all users. Employees are expected to conduct their electronic communications in a professional, responsible and courteous manner. Misuse of the County's information infrastructure, information technology and electronic communications media, including, but not limited to, the unauthorized transmission of confidential

or proprietary information; the use of profane, harassing or other offensive language; or other inappropriate uses may subject the user to discipline, including termination of employment, the initiation of civil action, or criminal prosecution.

A. **Acceptable Use**

The County's electronic communication systems exist to support the work of the County and the use of this system is intended solely for the purpose of work. All State and County laws, regulations and policies prohibiting discrimination, harassment, hostile environments, violence, and sexual harassment in the workplace apply to an employee's access or use of County information technology systems. The County also requires adherence to the Local Government Ethics when using the Internet. Users must comply with all State and Federal laws and regulations applicable to the Internet. Users also must adhere to any conditions or restrictions on Internet access and use put in place by the Department where they work or where they are authorized to use the County's equipment, systems or networks.

B. **Examples of Impermissible Use**

The following are examples of impermissible uses of the County information technology systems. This list is not intended to be exhaustive or exclusive.

Employee may not:

- Use County property for anything other than County work related purposes;
- Personal or unauthorized use of encryption software on County systems;
- Conduct personal, for-profit business activity;
- Violate any local, state, or federal law;
- Violate County or Departmental regulations or policies;
- Transmit or possess defamatory, knowingly false or misleading, abusive, profane, sexually explicit or pornographic, threatening, racially offensive, or otherwise biased, discriminatory or illegal material;
- Transmit or post Department information without management approval;
- Gain or attempt to gain unauthorized access to any computer, computer records, data, databases or electronically stored information;
- Use County property to access, transmit, copy, convey information in violation of an executed County or Department non-disclosure agreement.

8. **<u>Social Media and Networking</u>**

A. **County Social Media and Networking**

Social media can help the County fulfill its mission and goals, and support professional development. However, usage comes with security and reputational risks. If social media access is approved by IT Steering Committee, employees must adhere to the following acceptable use

guidelines:

- Only employees who are specifically authorized shall be permitted to have access to County Social Media websites;
- Only employees who are specifically authorized shall be permitted to create and manage Ocean County Social Media sites.
- When feasible, block or ban unnecessary functionality within social media web sites, such as instant messaging (IM) or file exchange, that allow unsecure transfer of data and links;
- Employees are prohibited from accessing links within a social network, such as a "friends'" site, that serve no work-related purpose, and ensure workers know that they are not to click unfamiliar or non-work related links on social media sites;
- Avoid social media content for sexually harassing, racist or other inappropriate content.

B. **Employee Social Media and Networking**

While the County recognizes that Employees have a Federal and State Constitutional First Amendment right to engage in protected speech outside of the employment with the County, it is understood that these rights have limitations. County Employees that maintain personal web pages and web sites, including by way of example, but not limited to, Facebook, YouTube, LinkedIn, Twitter, Instagram, Yelp, etc. shall not post information on such sites that would constitute a violation of the personnel policies of the County. The posting of words, phrases, photographs, images, audio, video or any kind of information on a personal web site may be grounds for the imposition of disciplinary action against the employee if the employee's action adversely affect the County workplace.

9. <u>Portable Electronic Devices</u>

A. **Use of County Owned Portable Electronic Devices**

Employees who may be provided with County owned portable electronic devices, including but not limited to tablets, laptops, IPads, cellular phones, Smartphones, or cellular devices, are expected to use the County owned portable electronic device solely for County business.

B. **Use of Personal Portable Electronic Devices.**

Employees should not use their personal portable electronic device for County business. However, if an Employee uses their personal portable electronic device for County business, the Employee by agreeing to this Policy, agrees to submit their personal portable electronic device to the County IT Department for the retrieval of County records.

C. **Lost or Stolen Portable Electronic Devices.**

If the County issued portable electronic device is lost or stolen, the Employee MUST: (i) immediately report the incident to his/her immediate supervisor and the Director of the Information Technology Department; (ii)

obtain an official police report documenting the theft or loss; and (iii) provide a copy of the police report to his/her immediate supervisor. If the employee fails to adhere to these procedures, the employee will be held legally and financially responsible to the County for the replacement of such equipment.

D. **Use of Portable Electronic Devices While Driving.**
The State of New Jersey prohibits the use of portable electronic devices while driving without using a headset, ear bud, speakerphone or other hands-free device. Texting is also prohibited while driving.

10. **Proprietary and Confidential Information**
Employees shall maintain all proprietary and confidential information in confidence and shall not use the County electronic devices and/or information technology systems to access, view, disclose or distribute such information in an unauthorized manner. Such information should not be distributed unless it is encrypted and password protected.

11. **Copyright**
Employees should not violate any of the copyright laws when accessing, printing or disseminating materials found on the Internet.

12. **Review Monitoring and Audit**
The County may add security and other tracking technology to any electronic device issued by it and any and all usage of electronic devices are subject to management review, monitoring and audit by the County.

13. **Responsibilities**

A. **Employee**
Employees shall review and follow this Policy. Employees shall report any misuse or Policy violation.

B. **Department**
Each Department shall furnish employees and approved users granted access to County systems with copies of this Policy, and provide all new employees and other users with copies of this policy concurrent with authorizing them to use County computers and electronic devices.

14. **Discipline**
Employees may be disciplined for violations of this policy or of any standards or guidelines referenced may be subject to discipline, including termination of employment, the initiation of civil action, or criminal prosecution.

EMPLOYEE ACKNOWLEDGMENT OF POLICY

I, N/A, have read and understand the above content, requirements, and expectations of the **Ocean County Electronic Device and System Acceptable Use Policy** *(which covers such things as Computer Network, Internet Usage, Social Media, Electronic Device and Electronic Communication).* I agree to all the terms and conditions outlined in this Policy and I am aware that any violation of this Policy may result in disciplinary actions.

N/A

Employee Signature (*date*)

LOCAL GOVERNMENT ETHICS LAW STANDARDS

FOR

OCEAN COUNTY OFFICERS AND EMPLOYEES

LOCAL GOVERNMENT ETHICS LAW STANDARDS FOR OCEAN COUNTY OFFICERS AND EMPLOYEES

Effective Date: May 21, 1991

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RESOLUTION

May 21, 1991

WHEREAS, the Local Government Ethics Law has been signed by Governor Florio and will take effect on May 21, 1991; and

WHEREAS, the Local Government Ethics Law establishes specific requirements governing the ethical conduct of all County government employees and further requires the filing of financial disclosure statements by elected officials, department heads, members of boards and agencies appointed by the Board of Chosen Freeholders and other County employees; and

WHEREAS, it is the desire of the Ocean County Board of Chosen Freeholders to fully comply with the requirements of the Local Government Ethics Law which supersedes the activities of the current County Ethics Board.

NOW, THEREFORE BE IT RESOLVED by the OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS that:

1. All employees of the County shall be advised as to the requirements for ethical conduct outlined in the Local Government Ethics Law.

2. All County employees, offices, elected and appointed officials shall receive and file the financial disclosure forms required by the Local Government Ethics Law.

3. The Resolution dated November 17, 1976 establishing the Ocean County Board of Ethics is hereby rescinded.

BE IT FURTHER RESOLVED that the OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS wishes to express its sincere appreciation to the members of the Ocean County Board of Ethics for their service to the public. Copies of this Resolution shall be provided to the Division of Local Government Services, County Counsel, effected County employees and appointed officials.

I certify the foregoing to be a true copy of a Resolution adopted by the Board of Chosen Freeholders of the County of Ocean on the 21st day of May, 1991.

Daniel J. Hennessy, Clerk of the Board

INTRODUCTION

The Local Government Ethics Law establishes standards of ethical conduct for officers and employees of Ocean County. The Ocean County Board of Chosen Freeholders has determined that the best means to comply with the Act's requirements is to rely on the Local Finance Board in the Division of Local Government Services in the Department of Community Affairs as provided for in the statute. The preceding Resolution was adopted unanimously by the Board of Chosen Freeholders on May 21, 1991. The Resolution requires all County officers and employees to adhere to the requirements of the statute pertaining to ethical conduct and financial disclosure.

As stated, it is the desire of the Ocean County Board of Chosen Freeholders to fully comply with the requirements of the Local Government Ethics Law. This booklet extracts directly from the statute the relevant definitions and provisions of the Act that pertain to County officers and employees. This booklet has been prepared to advise all County officers and employees of the County as to the requirements for ethical conduct outlined in the Local Government Ethics Law.

DEFINITIONS

Definitions used in the Act:

"Board" means the Local Finance Board in the Division of Local Government Services in the Department of Community Affairs.

"Business organization" means any corporation, partnership, firm, enterprise, franchise, association, trust, sole proprietorship, union or other legal entity.

"Governing body" means, in the case of a municipality, the commission, council, board or body, by whatever name it may be known, having charge of the finances of the municipality, and, in the case of a county, the board of chosen freeholders, or, in the case of a county having adopted the provisions of the "Optional County Charter Law," PL1972, c.154 (C40:41A-1 et seq.), as defined in the form of government adopted by the county under that act.

"Interest" means the ownership or control of more than 10 percent of the profits, assets or stock of a business organization but shall not include the control of assets in a non-profit entity or labor union.

"Local government agency" means any agency, board, governing body, including the chief executive officer, bureau, division, office, commission or other instrumentality within a county or municipality, and any independent local authority, including any entity created by more than one county or municipality, which performs functions other than of a purely advisory nature, but shall not include a school board.

"Local government employee" means any person, whether compensated or not, whether part-time or full-time, employed by or serving on a local government agency who is not a local government officer, but shall not mean any employee of a school district.

"Local government officer" means any person whether compensated or not, whether part-time or full-time: (1) elected to any office of a local government agency; (2) serving on a local government agency which has the authority to enact ordinances, approve development applications or grant zoning variances; or (3) who is a member of an independent municipal, county or regional authority; or (4) who is a managerial executive or confidential employee of a local government agency, as defined in Section 3 of the "New Jersey Employer-Employee Relations Act," PL1941, c.100 (C.34:13A-3), but shall not mean any employee of a school district or member of a school board.

"Local government officer or employee" means a local government officer or a local government employee.

"Member of immediate family" means the spouse or dependent child of a local government officer or employee residing in the same household.

PROVISIONS OF THE ACT APPLICABLE TO COUNTY OFFICERS AND EMPLOYEES

The Local Finance Board in the Division of Local Government Services in the Department of Community Affairs shall have jurisdiction to govern and guide the conduct of local government officers or employees regarding violations of the provisions of this act who are not otherwise regulated by a county or municipal code of ethics promulgated by a county or municipal ethics board in accordance with the provisions of this act. Local government officers or employees serving a local government agency created by more than one county or municipality shall be under the jurisdiction of the board. The board in interpreting and applying the provisions of this act shall recognize that under the principles of democracy, public officers and employees cannot and should not be expected to be without any personal interest in the decisions and policies of government; that citizens who are government officers and employees have a right to private interests of a personal, financial and economic nature; and that standards of conduct shall distinguish between those conflicts of interest which are legitimate and unavoidable in a free society and those conflicts of interest which are prejudicial and material and are, therefore, corruptive of democracy and free society.

Local government officers or employees under the jurisdiction of the Local Finance Board shall comply with the following provisions:

No local government officer or employee or member of his immediate family shall have an interest in a business organization or engage in any business, transaction, or professional activity, which is in substantial conflict with the proper discharge of his duties in the public interest;

No independent local authority shall, for a period of one year next subsequent to the termination of office of a member of that authority:

(1) award any contract which is not publicly bid to a former member of that authority;

(2) allow a former member of that authority to represent, appear for or negotiate on behalf of any other party before that authority; or

(3) employ for compensation, except pursuant to open competitive examination in accordance with Title 11A of the New Jersey Statutes and the rules and regulations promulgated pursuant thereto, any former member of that authority.

The restrictions contained in this subsection shall also apply to any business organization in which the former authority member holds an interest.

No local government officer or employee shall use or attempt to use his official position to secure unwarranted privileges or advantages for himself or others;

No local government officer or employee shall act in his official capacity in any matter where he, a member of his immediate family, or a business organization in which he has an interest, has a direct or indirect financial or personal involvement that might reasonably be expected to impair his objectivity or independence of judgment;

No local government officer or employee shall undertake any employment or service, whether compensated or not, which might reasonably be expected to prejudice his independence of judgement in the exercise of his official duties;

No local government officer or employee, member of his immediate family, or business organization in which he has an interest, shall solicit or accept any gift, favor, loan, political contribution, service, promise of future employment, or other thing of value based upon an understanding that the gift, favor, loan, contribution, service, promise, or other thing of value was given or offered for the purpose of influencing him, directly or indirectly, in the discharge of his official duties. This provision shall not apply to the solicitation or acceptance of contributions to the campaign of an announced candidate for elective public office, if the local government officer has no knowledge or reason to believe that the campaign contribution, if accepted, was given with the intent to influence the local government officer in the discharge of his official duties;

No local government officer or employee shall use, or allow to be used, his public office or employment, or any information, not generally available to the members of the public, which he receives or acquires in the course of and by reason of his office or employment, for the purpose of securing financial gain for himself, any member of his immediate family, or any business organization with which he is associated;

No local government officer or employee or business organization in which he has an interest shall represent any person or party other than the local government in connection with any cause, proceeding, application or other matter pending before any agency in the local government in which he serves. This provision shall not be deemed to prohibit one local government employee from representing another local government employee where the local government agency is the employer and the representation is within the context of official labor union or similar representational responsibilities;

No local government officer shall be deemed in conflict with these provisions if, by reason of his participation in the enactment of any ordinance, resolution or other matter required to be voted upon or which is subject to executive approval or veto, no material or monetary gain accrues to him as a member of any business, profession, occupation or group, to any greater extent than any gain could reasonably be expected to accrue to any other member of such business, profession, occupation or group;

No elected local government officer shall be prohibited from making an inquiry for information on behalf of a constituent, if no fee, reward or other thing of value is promised to, given to or accepted by the officer or a member of his immediate family, whether directly or indirectly, in return therefore; and

Nothing shall prohibit any local government officer or employee or members of his immediate family, from representing himself, or themselves, in negotiations or proceedings concerning his, or their own interests.

FINANCIAL DISCLOSURE STATEMENT

Local government officers shall annually file a financial disclosure statement. All financial disclosure statements filed pursuant to this act shall include the following information which shall specify, where applicable, the name and address of each source and the local government officer's job title:

Each source of income, earned or unearned, exceeding $2,000 received by the local government officer or a member of his immediate family during the preceding calendar year. Individual client fees, customer receipts or commissions on transactions received through a business organization need not be separately reported as sources of income. If a publicly traded security is the source of income, the security need not be reported unless the local government officer or member of his immediate family has an interest in the business organization.

Each source of fees and honorariums having an aggregate amount exceeding $250 from any single source for personal appearances, speeches or writings received by the local government officer or a member of his immediate family during the preceding calendar year;

Each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding $400 from any single source, excluding relatives, received by the local government officer or a member of his immediate family during the preceding calendar year;

The name and address of all business organizations in which the local government officer or a member of his immediate family had an interest during the preceding calendar year; and

The address and brief description of all real property in the State in which the local government officer or a member of his immediate family held an interest during the preceding calendar year.

The Local Finance Board shall prescribe a financial disclosure statement form for filing purposes. For counties and municipalities which have not established ethics boards, the board shall transmit sufficient copies of the forms to the municipal clerk in each municipality and the county clerk in each county for filing in accordance with this act. The municipal clerk shall make the forms available to the local government officers serving the municipality. The county clerk shall make the forms available to the local government officers serving the county.

All financial disclosure statements filed shall be public records.

ADVISORY OPINIONS

A local government officer or employee not regulated by a county or municipal code of ethics may request and obtain from the Local Finance Board an advisory opinion as to whether any proposed activity or conduct would in its opinion constitute a violation of the provisions of this act. Advisory opinions of the board shall not be made public, except when the board by the vote of two-thirds of all of its members directs that the opinion be made public. Public advisory opinions shall not disclose the name of the local government officer or employee unless the board in directing that the opinion be made public so determines.

COMPLAINTS

The Local Finance Board, upon receipt of a signed written complaint by any person alleging that the conduct of any local government officer or employee, not regulated by a county or municipal code of ethics, is in conflict with the provisions of this act, shall acknowledge receipt of the complaint within 30 days of receipt and initiate an investigation concerning the facts and circumstances set forth in the complaint. The board shall make a determination as to whether the complaint is within its jurisdiction or frivolous or without any reasonable factual basis. If the board shall conclude that the complaint is outside its jurisdiction, frivolous or without factual basis, it shall reduce that conclusion to writing and shall transmit a copy thereof to the complainant and to the local government officer or employee against whom the complaint was filed. Otherwise the board shall notify the local government officer or employee against whom the complaint was filed of the nature of the complaint and the facts and circumstances set forth therein. The officer or employee shall have the opportunity to present the board with any statement or information concerning the complaint which he wishes. Thereafter, if the board determines that a reasonable doubt exists as to whether the local government officer or employee is in conflict with the provisions of this act, the board shall conduct a hearing in the manner prescribed by Section 12 of this act, concerning the possible violation and any other facts and circumstances which may have come to the attention of the board with respect to the conduct of the local government officer or employee. The board shall render a decision as to whether the conduct of the officer or employee is in conflict with the provisions of this act. This decision shall be made by no less than two-thirds of all members of the board. If the board determines that the officer or employee is in conflict with the provisions of this act, it may impose any penalties which it believes appropriate within the limitations of this act. A final decision of the board may be appealed in the same manner as any other final State agency decision.

PENALTIES

An appointed local government officer or employee found guilty by the Local Finance Board or a county or municipal ethics board of the violation of any provision of this act or of any code of ethics in effect pursuant to this act, shall be fined not less than $100.00 nor more than $500.00, which penalty may be collected in a summary proceeding pursuant to "the penalty enforcement law" (NJS2A:58-1 et seq.). The board or a county or municipal ethics board shall report its findings to the office or agency having the power of removal or discipline of the appointed local government officer or employee and may recommend that further disciplinary action be taken.

An elected local government officer or employee found guilty by the Local Finance Board or a county or municipal ethics board of the violation of any provision of this act or of any code of ethics in effect pursuant to this act, shall be fined not less than $100.00 nor more than $500.00, which penalty may be collected in a summary proceeding pursuant to "the penalty enforcement law" (NJS2A:58-1 et seq.).

The finding by the Local Finance Board or a county or municipal ethics board that an appointed local government officer or employee is guilty of the violation of the provisions of this act, or of any code of ethics in effect pursuant to this act, shall be sufficient cause for his removal, suspension, demotion or other disciplinary action by the officer or agency having the power of removal or discipline. When a person who is in the career service is charged with violating the provisions of this act or any code of ethics in effect pursuant to this act, the procedure leading to removal suspension, demotion or other disciplinary action shall be governed by any applicable procedures of Title 11A of the New Jersey Statutes and the rules promulgated pursuant thereto.

HEARINGS

All hearings required pursuant to this act shall be conducted in conformity with the rules and procedures, insofar as they may be applicable, provided for hearings by a State agency in contested cases under the "Administrative Procedure Act," PL1968, c.410 (C.52:14B-1 et seq.).

Conscientious Employee Protection Act
"Whistleblower Act"

Employer retaliatory action; protected employee actions; employee responsibilities

1. New Jersey law prohibits an employer from taking any retaliatory action against an employee because the employee does any of the following:
   a. Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy or practice of the employer or another employer, with whom there is a business relationship, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law, or, in the case of an employee who is a licensed or certified health care professional, reasonably believes constitutes improper quality of patient care;
   b. Provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any violation of law, or a rule or regulation issued under the law by the employer or another employer, with whom there is a business relationship, or, in the case of an employee who is a licensed or certified health care professional, provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into quality of patient care; or
   c. Provides information involving deception of, or misrepresentation to, any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity.
   d. Provides information regarding any perceived criminal or fraudulent activity, policy or practice of deception or misrepresentation which the employee reasonably believes may defraud any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity.
   e. Objects to, or refuses to participate in, any activity, policy or practice which the employee reasonably believes:
      (1) is in violation of a law, or a rule or regulation issued under the law or, if the employee is a licensed or certified health care professional, constitutes improper quality of patient care;
      (2) is fraudulent or criminal; or
      (3) is incompatible with a clear mandate of public policy concerning the public health, safety or welfare or protection of the environment. N.J.S.A. 34:19-3.
2. The protection against retaliation, when a disclosure is made to a public body, does not apply unless the employee has brought the activity, policy or practice to the attention of a supervisor of the employee by written notice and given the employer a reasonable opportunity to correct the activity, policy or practice. However, disclosure is not required where the employee reasonably believes that the activity, policy or practice is known to one or more supervisors of the employer or where the employee fears physical harm as a result of the disclosure, provided that the situation is emergency in nature.

CONTACT INFORMATION

Your employer has designated the following contact person to receive written notifications, pursuant to paragraph 2 above (N.J.S.A. 34:19-4):

Name: Robert A. Greitz

Address: Administration Bldg., P.O.Box 2191

Toms River, New Jersey 08754-2191

Telephone Number: (732) 929-2128

This notice must be conspicuously displayed.

Once each year, employers with 10 or more employees must distribute notice of this law to their employees.
If you need this document in a language other than English or Spanish, please call 609-292-7832.

La Ley de protección al empleado consciente
"Ley de protección del denunciante"

Acciones de represalia del empleador; protección de las acciones del empleado

1. La ley de New Jersey prohíbe que los empleadores tomen medidas de represalia contra todo empleado que haga lo siguiente:
   a. Divulgue o amenace con divulgar, ya sea a un supervisor o a una agencia pública toda actividad, directriz o norma del empleador o de cualquier otro empleador con el que exista una relación de negocios y que el empleado tiene motivos fundados para pensar que violan alguna ley, o en el caso de un trabajador licenciado o certificado de la salud y que tiene motivos fundados para pensar que se trata de una manera inadecuada de atención al paciente;
   b. Facilite información o preste testimonio ante cualquier agencia pública que conduzca una investigación, audiencia o indagación sobre la violación de alguna ley, regla o reglamento que el empleador o algún otro empleador con el que exista una relación de negocios; o en el caso de un trabajador licenciado o certificado de la salud que facilite información o preste testimonio ante cualquier agencia pública que conduzca una investigación, audiencia o indagación sobre la calidad de la atención al paciente; o
   c. Ofrece información concerniente al engaño o la tergiversación con accionistas, inversionistas, usuarios, pacientes, clientes, empleados, ex empleados, retirados o pensionados del empleador o de cualquier agencia gubernamental.
   d. Ofrece información con respecto a toda actividad que se pueda percibir como delictiva o fraudulenta, toda directiva o práctica engañosa o de tergiversación que el empleado tenga motivos fundados para pensar que pudieran estafar a accionistas, inversionistas, usuarios, pacientes, clientes, empleados, ex empleados, retirados o pensionados del empleador o de cualquier agencia gubernamental.
   e. Se opone o se niega a participar en alguna actividad, directriz o práctica que el empleado tiene motivos fundados para pensar que:
      (1) viola alguna ley, o regla o reglamento que dicta la ley o en el caso de un empleado licenciado o certificado en cuidado de la salud que tiene motivos fundados para pensar que constituya atención inadecuada al paciente;
      (2) es fraudulenta o delictiva; o
      (3) es incompatible con algún mandato establecido por las directrices públicas relacionadas con la salud pública, la seguridad o el bienestar o la protección del medio ambiente. Artículo 34:19-3 de las Leyes comentadas de New Jersey de protección del empleado consciente (N.J.S.A., por sus siglasen inglés).
2. No se puede acoger a la protección contra la represalia, cuando se hace una divulgación a un organismo público, a no ser que el empleado le informe al empleador de tal actividad, política o norma a través de un aviso por escrito y le haya dado al empleador una oportunidad razonable para corregir tal actividad, política o norma. Sin embargo, no es necesaria la divulgación en los casos en que el empleado tenga indicios razonables para creer que un supervisor o más de un supervisor del empleador tienen conocimiento de tal actividad, política o norma o en los casos en los que el empleado teme que tal divulgación pueda traer como consecuencia daños físicos a su persona siempre y cuando la naturaleza de la situación sea la de una situación de emergencia.

Información del Contacto

Su empleador ha designado a la siguiente persona para recibir notificaciones de acuerdo al parafo 2, de la ley (N.J.S.A. 34:19-4):

Nombre: Robert A. Greitz

Dirección: Administration Bldg., P.O.Box 2191
Toms River, New Jersey 08754-2191

Número de teléfono: (732) 929-2128

Este aviso se debe exponer a la vista de todos.

Anualmente, patronos con 10 o más empleados, deberán distribuir notificación de esta ley a todos sus empleados.
Si necesita este documento en algún otro idioma que no sea inglés o español, sírvase llamar al 609-292-7832.

Right to be Free of Gender Inequity
or Bias in Pay, Compensation, Benefits
or Other Terms and Conditions of Employment

New Jersey and federal laws prohibit employers from discriminating against an individual with respect to his/her pay, compensation, benefits, or terms, conditions or privileges of employment because of the individual's sex.

FEDERAL LAW

Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on, among other things, an individual's sex. Title VII claims must be filed with the United States Equal Employment Opportunity Commission (EEOC) before they can be brought in court. Remedies under Title VII may include an order restraining unlawful discrimination, back pay, and compensatory and punitive damages.

The Equal Pay Act of 1963 (EPA) prohibits discrimination in compensation based on sex. EPA claims can be filed either with the EEOC or directly with the court. Remedies under the EPA may include the amount of the salary or wages due from the employer, plus an additional equal amount as liquidated damages.

Please be mindful that in order for a disparity in compensation based on sex to be actionable under the EPA, it must be for equal work on jobs the performance of which requires equal skill, effort, and responsibility, and which are performed under similar working conditions.

There are strict time limits for filing charges of employment discrimination. For further information, contact the EEOC at 800-669-4000 or at www.eeoc.gov.

NEW JERSEY LAW

The New Jersey Law Against Discrimination (LAD) prohibits employment discrimination based on, among other things, an individual's sex. LAD claims can be filed with the New Jersey Division on Civil Rights (NJDCR) or directly in court. Remedies under the LAD may include an order restraining unlawful discrimination, back pay, and compensatory and punitive damages.

Another State law, N.J.S.A. 34:11-56.1 et seq., prohibits discrimination in the rate or method of payment of wages to an employee because of his or her sex. Claims under this wage discrimination law may be filed with the New Jersey Department of Labor and Workforce Development (NJDLWD) or directly in court. Remedies under this law may include the full amount of the salary or wages owed, plus an additional equal amount as liquidated damages.

Please be mindful that under the State wage discrimination law a differential in pay between employees based on a reasonable factor or factors other than sex shall not constitute discrimination.

There are strict time limits for filing charges of employment discrimination. For more information regarding LAD claims, contact the NJDCR at 609-292-4605 or at www.njcivilrights.gov. For information concerning N.J.S.A. 34:11-56.1 et seq., contact the Division of Wage and Hour Compliance within the NJDLWD at 609-292-2305 or at http://lwd.state.nj.us.

This notice must be conspicuously displayed.

NEW JERSEY DEPARTMENT OF LWD
LABOR AND WORKFORCE DEVELOPMENT
nj.gov/labor

New Jersey Department of Labor and Workforce Development

Your employer is subject to the

Family Leave Insurance

provisions of the New Jersey Temporary Disability Benefits Law

New Jersey law provides up to 6 weeks of family leave insurance benefits. Beginning July 1, 2020, the law will allow up to 12 weeks of continuous family leave or 56 days of intermittent leave. Employees who are covered by family leave insurance can apply for benefits to:

- bond with a child within 12 months of the child's birth or placement by adoption or foster care. The applicant, or the applicant's spouse or domestic or civil union partner, must be the child's biological, adoptive or foster parent, unless a surrogate carried the child.
- care for a family member with a serious health condition. Supporting documentation from a health care provider is mandatory.
- care for a victim of domestic violence or a sexually violent offence or for a victim's family member.

"Family member" means a child, parent, parent-in-law, sibling, grandparent, grandchild, spouse, domestic partner, civil union partner, and any other person related by blood to the employee or with whom the employee has a close association that is the equivalent of a family relationship.

"Child" means a biological, adopted, or foster child, stepchild or legal ward of a parent. A child gained by way of a valid written contract between the parent and a surrogate (gestational carrier) is included in this definition.

State Family Leave Insurance Plan ("state plan")

You can get program information and an application for family leave benefits (form FL-1) online at *myleavebenefits.nj.gov*, by phone at 609-292-7060, or by mail: Division of Family Leave Insurance, P.O. Box 387, Trenton, NJ 08625-0387.

New mothers who receive temporary disability benefits through the state plan for their pregnancy will get instructions on how to file for family leave benefits after the child is born.

Private Family Leave Insurance Plan ("private plan")

An employer may provide family leave insurance through a private insurance carrier, if this Division approves the plan. If your employer has an approved private plan, your employer must provide information about coverage and provide the forms to apply for benefits.

Who pays for Family Leave Insurance?

Payroll contributions from employees finance this program. Family leave insurance coverage under the state plan will require contributions to be deducted from employee wages. The deductions must be noted on the employee's pay envelope, paycheck, or on some other form of notice. In 2018, the taxable wage base for family leave insurance benefits is the same as the taxable wage base for unemployment and temporary disability insurance.

Enforced by: NJ Department of Labor and Workforce Development
Division of Temporary Disability Insurance, PO Box 387, Trenton, NJ 08625-0387

This and other required employer posters are available free online at *nj.gov/labor*, or from the Office of Constituent Relations, PO Box 110, Trenton, NJ 08625-0110 • 609-777-3200.

The New Jersey Department of Labor and Workforce Development is an equal opportunity employer with equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities.

NEW JERSEY DEPARTMENT OF LWD LABOR AND WORKFORCE DEVELOPMENT
nj.gov/labor

Display this poster in a conspicuous place

PR-2 (4/19)

PREFERRED
BEHAVIORAL HEALTH GROUP
An Oaks Integrated Care Affiliate

Preferred Behavioral Health Group EAP

What is Employee Assistance Program (EAP)?

An EAP is a confidential program which helps employees deal effectively with personal problems that may affect their well-being, their home lives and/or their job performance.

How does EAP Work?

Professionals from PBHG and the community are available to help you take care of personal problems. They can assess your problem, provide short-term counseling and, if necessary, refer you to service providers in your community who will meet your needs for additional treatment.

Is EAP available to only employees?

No, all employees and family members that live in the employee's household can use the EAP.

Is there a fee for using the EAP?

No, the sessions with your EAP counselor are paid for by your employer (Up to 3 sessions). If you are referred for assistance to another professional or program in the community, fees for that service will be your responsibility. Your ability to pay is taken into consideration before any referral is made. Also, your health insurance may cover a significant portion of any fees that you encounter.

What personal problems can our EAP help employees with?

Your EAP counselor is ready to help you with any personal problem but the most common are family and marital, work-related stress, alcohol and/or drug use, stress, and a variety of problems related to adjusting to new or difficult situations.

Will EAP tell my employer what my problems is?

ABSOLUTELY NOT! What is discussed between the EAP counselor and you is strictly confidential. This information will **NOT** be included in your personnel file.

How do I contact the EAP?

Call 1-800-542-0184, Option 1 to speak with an intake coordinator

Our Smart Phone App can be downloaded to your Apple or Android phone using your company code:

Search: iconnectyou passcode: 41572

Available on the App Store

Google play