HB-82-3-864

P.O. BOX 2058
TRENTON, N.J. 08625

STATE OF NEW JERSEY - DIVISION OF PENSIONS

PUBLIC AND SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

RESOLUTION

92312
8/1/73

A RESOLUTION to authorize participation under the Public and School Employees' Benefits Act of the State of New Jersey.

BE IT RESOLVED:

1. The BOROUGH OF POINT PLEASANT BEACH
(Name of Employer)

hereby elects to participate in the program provided by the Public and School Employees' Health Benefit Act of the State of New Jersey (L. 1964, Ch. 125) to become a participating employer and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission.

2. As a participating employer we will pay and remit to the State Treasury contributions to premiums on account of employee coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.

3. We hereby appoint the BOROUGH CLERK
(Name of Title)

to act as Certifying Agent in the administration of this program.

4. This resolution shall take effect immediately and coverage shall be effective as of ~~June 1, 1973~~ August 1, 1973. or as soon thereafter as it may be
(Date)

effectuated pursuant to the statutes and regulations.

6/10/73
Mrs. Scharmon will have cards in by 15th

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

Borough of Point Pleasant Beach
(Name of Employer)

on the 1st day of May

19 73.

Esther Winchell Shafer
(Signature)

(Official Title)
Borough Clerk

HB-0077-0807

[redacted]

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

RESOLUTION

A RESOLUTION to authorize participation in the New Jersey State Health Benefits Program Act of the State of New Jersey.

BE IT RESOLVED:

1. The Borough of Point Pleasant Beach [redacted]
   Corporate Name of Employer — State Social Security (EI) Number
   hereby elects to participate in the Health Program provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.25 et seq.) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission.

2. A. ☑ We elect to participate in the SHBP Employee Prescription Drug Plan defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission.

   B. ☐ We will be maintaining _____ as our prescription drug plan.[1]
   Name of Plan

   C. ☐ We will not have a stand-alone prescription drug plan and understand that prescription drug coverage will be provided by the Health Plan.

3. A. ☐ We elect to participate in the SHBP Employee Dental Plans defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission.

   B. ☑ We will be maintaining Delta Care-Rider as our dental plan.[1]
   Name of Plan

   C. ☐ We will not have a dental plan.

4. We elect 32.5 [2] hours per week (average) as the minimum requirement for full time status in accordance with N.J.A.C. 17:9-4.6.

5. As a participating employer we will remit to the State Treasury all charges due on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.

6. We hereby appoint Marjana Ellsworth, Municipal Clerk to act as Certifying Officer in the administration of this program.
   Name/Title

7. This resolution shall take effect immediately and coverage shall be effective as of 7-1-10 or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.
   Date

[1] *If not electing prescription drug coverage and/or dental plan participation through the SHBP, attach copies of current prescription drug and dental plan contracts.*

[2] *May not be less than 20 hours.*

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

Borough of Point Pleasant Beach
Corporate Name of Employer

on the 31 day of March, 2010.

Marjana Ellsworth, RMC
Signature

Municipal Clerk
Official Title

84
Number of Employees

416 New Jersey Ave.
Street Address

Pt. Pleasant Beach, NJ 08742
City — State — Zip Code

732-892-1118
Area Code — Telephone

21-6000102
Employer's State Social Security Identification Number

HB-80-162-793

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

RESOLUTION

A RESOLUTION to authorize participation in the New Jersey State Health Benefits Program Act of the State of New Jersey for Local Prescription Drug Coverage.

BE IT RESOLVED:

1. The Borough of Point Pleasant Beach (Name of Employer),

   a participating employer in the Health Benefits Program, hereby elects to participate in the Local Prescription Drug Program provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.25 et seq.) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission.

2. As a participating employer we will remit to the State Treasury all premiums on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.

3. We hereby appoint the Municipal Clerk (Title) to act as Certifying Officer in the administration of this program.

4. This resolution shall take effect immediately and coverage shall be effective as of 7-1-10 (Date) or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

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

Borough of Point Pleasant Beach
Corporate Name of Employer

on the 31 day of March, 2010

Maryann Ellsworth, RMC
Signature

Municipal Clerk
Official Title

416 New Jersey Ave.
Street Address

Pt. Pleasant Beach NJ 08742
City State Zip Code

732 - 892 - 1118
Area Code Telephone #

Mayor Aus
Present Prescription Drug Carrier

83
Number of Employees

[redacted]
Employer's State Social Security Identification Number

HR-0426-0608

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS

New Jersey State Health Benefits Program
PO BOX 299
TRENTON, NJ 08625-0299

RESOLUTION

A RESOLUTION to adopt the provisions of N.J.S.A. 52:14.17.38 under which a public employer may agree to pay for the State Health Benefits Program (SHBP) coverage of certain retirees.

BE IT RESOLVED:

The Borough of Point Pleasant Beach - Ocean County
(CORPORATE NAME OF EMPLOYER - COUNTY - STATE HEALTH BENEFITS PROGRAM ID NUMBER)

hereby elects to adopt the provisions of N.J.S.A. 52:14-17.38 and adhere to the rules and regulations promulgated by the State Health Benefits Commission to implement the provisions of that law. This resolution affects employees as shown on the attached Chapter 48 Resolution Addendum. It is effective on the 1st day of July (MONTH), 2010 (YEAR).

We are aware that adoption of this resolution does not free us of the obligation to pay for post-retirement medical benefits of retirees or employees who qualified for those payments under any Chapter 88 or Chapter 48 Resolution adopted previously by this governing body.

We agree that this Resolution will remain in effect until properly amended or revoked with the State Health Benefits Program. We recognize that, while we remain in the State Health Benefits Program, we are responsible for providing the payment for post-retirement medical coverage as listed in the attached Chapter 48 Resolution Addendum for all employees who qualify for this coverage while this Resolution is in force.

We understand that we are required to provide the Division of Pensions and Benefits complete copies of all contracts, ordinances, and resolutions that detail post-retirement medical payment obligations we undertake. We also recognize that we may be required to provide the Division with information needed to carry out the terms of this Resolution.

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

Borough of Point Pleasant Beach
CORPORATE NAME OF EMPLOYER

on the 31st day of March, 2010

Maryann Ellsworth, RMC
SIGNATURE

Municipal Clerk
OFFICIAL TITLE

416 New Jersey ave.
ADDRESS

Pt. Pleasant Beach, NJ 08742

732-892-1118
TELEPHONE NUMBER

HR-0426-0608

DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
RESOLUTION ADDENDUM — Chapter 48, P.L. 1999

Please read instructions on reverse side BEFORE completing this form.

Effective date of Resolution July (MONTH) 1, 2010 (YEAR)

Form to be used for: Medical ☑ Dental ☐ BOTH ☐ (CHECK APPROPRIATE BOX)

Employer Name Borough of Point Pleasant Beach Ocean County
(CORPORATE NAME OF EMPLOYER, COUNTY, GHBP IDENTIFICATION NUMBER)

CLASS OF EMPLOYEES Examples: police officers, clerical workers, bargaining unit (PBA,CWA), nonsigned, or individual(s)	NJSA 52:14-17.38 Provisions Adopted: 1) Retired on a Disability Pension	2) Retired with 25 or + Years of Service	2a) Number years service w/employer	3) Retired age 65 + w/25 years service	3a) Number years service w/employer	4) Retired 62 or older w/15 years or more service w/employer	Premium Payment Retiree's: If Yes, Show %	Premium Payment Dependents: No	Premium Payment Dependents: If Yes, Show %	Medicare Reimbursement: No	Medicare Reimbursement: If Yes, Show %	Premium Payment Surviving Spouses: No	Premium Payment Surviving Spouses: If Yes, Show %	Do Benefits Apply To Current Retiree's: No	Do Benefits Apply To Current Retiree's: If Yes, Show %	If Benefits do not Apply to Current Retirees Give Effective Date
PBA		X					100%	X		X		X			100%	
TWU		X					100%	X		X		X			100%	
Teamsters		X					100%	X		X		X			100%	
Non-Union		X					100%	X		X		X			100%	

NOTE: An age requirement is not permitted on option 1, or 2, option 3 and 4 already have an age requirement.

3.31.10
DATE RESOLUTION SUBMITTED

MaryAnn Ellsworth
NAME OF CERTIFYING OFFICER

732-892-1118
PHONE

MaryAnn Ellsworth, RMC