



**RESOLUTION**

Res 105-2022

**A Resolution to Terminate All Participation Under the SHBP and SEHBP (Including Prescription Drug Plan and/or Dental Plan Coverage).**


BE IT RESOLVED:

1. The Borough of Woodbury Heights 011900  
*Corporate Name of Employer* *SHBP/SHEBP Employer Location Number*

hereby resolves to terminate its participation in the Program (Medical Plan, Prescription Drug Plan, and ~~and~~ Dental Plan coverage) thereby canceling coverage provided by the SHBP and/or SEHBP (N.J.S.A. 52:14-17.25 et seq.) for all its active and retired employees.

- 2. We shall notify all active employees of the date of their termination of coverage under the Program.
- 3. We understand that the New Jersey Division of Pensions & Benefits (NJDPB) will notify retired employees of the cancellation of their coverage.
- 4. We understand that all COBRA participants will be notified by the NJDPB and advised to contact our office concerning a possible alternative health, prescription drug, and dental insurance plan.
- 5. We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the State Health Benefits Commission or School Employees' Health Benefits Commission.

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

|  |  |                       |                 |             |
|--|--|-----------------------|-----------------|-------------|
| <u>Borough of Woodbury Heights</u>   |  | <u>11</u>             | <u>22</u>       | <u>2022</u> |
| <i>Corporate Name of Employer</i>  |  | <i>mm</i>             | <i>dd</i>       | <i>yyyy</i> |
| <u>500 Elm Avenue</u>  | <u>Woodbury Heights</u>                                      | <u>NJ</u>             | <u>08097</u>    |             |
| <i>Street Address</i>  | <i>City</i>  | <i>State</i>          | <i>Zip Code</i> |             |
| <u>856</u>   | <u>848-2832</u>  |                       |                 |             |
| <i>Area Code</i>   | <i>Telephone Number</i>                                      |                       |                 |             |
|  | <u>Municipal Clerk</u>                                       |                       |                 |             |
| <i>Mayor</i>   | <i>Signature</i>   | <i>Official Title</i> |                 |             |
| <u>15 Active / 4 Retired</u>   | <u>216001371000</u>  |                       |                 |             |
| <i>Number of Employees</i>   | <i>Employer's State Employer Identification Number (EIN)</i> |                       |                 |             |

Please complete page 2 of this form.