



### State Health Benefits Program (SHBP) & School Employees' Health Benefits Program (SEHBP) **RESOLUTION: Terminate Participation in SHBP/SEHBP**

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

**A resolution to terminate all participation under the SHBP and SEHBP (including prescription drug plan and/or dental plan coverage).**

BE IT RESOLVED:

- The Union County Educational Service Commission 1537 00  
*Corporate Name of Employer* *SHBP/SEHBP Employer Location Number*  
hereby resolves to terminate its participation in the Program (Medical Plan, Prescription Drug Plan, and/or 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.
- We shall notify all active employees of the date of their termination of coverage under the Program.
- We understand that the New Jersey Division of Pensions & Benefits (NJDPB) will notify retired employees of the cancellation of their coverage.
- 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.
- 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:

Union County Educational Service Commission 908-233-9317  
*Corporate Name of Employer* *Phone Number*

45 Cardinal Way Westfield NJ 07090  
*Street Address* *City* *State* *Zip Code*

Eric Larson Business Administrator/Bd. Secretary elarson@ucesc.org  
*Print Name* *Official Title* *Email Address*

\_\_\_\_\_  
*Signature* *Date*

307 22-1869573  
*Number of Employees* *Employer's State Employer Identification Number (EIN)*



State Health Benefits Program (SHBP) & School Employees' Health Benefits Program (SEHBP)  
**RESOLUTION: Terminate Participation in SHBP/SEHBP**

Please complete and comply with the following:

Type of funding method with the new contract:

- Conventionally insured \_\_\_\_\_
- Minimum premium \_\_\_\_\_
- Administrative Services Only (ASO) \_\_\_\_\_
- Other (please list) Level Funded via NJ Solutions JHIF  
\_\_\_\_\_
- New Health Carrier Horizon BCBSNJ via the NJ Solutions JHIF
- New Prescription Drug Carrier Prime Therapeutics via the NJ Solutions JHIF
- New Dental Plan Carrier \_\_\_\_\_
- Reason for termination from the SHBP/SEHBP Premium cost  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mail Completed Resolution to: **New Jersey Division of Pensions & Benefits  
Health Benefits Bureau  
P.O. Box 299  
Trenton, NJ 08625-0299**

Or Email: **Your Designated NJDPB Health Benefits Group Email Box found on the Resources & Support page in your Benefitsolver Administrator account.**