

R 244-2012

RESOLUTION OF THE BOROUGH OF MADISON REGARDING STATE HEALTH BENEFITS PROGRAMS

HA-0892-0912

RESOLUTION R 244-2012
 STATE OF NEW JERSEY
 DEPARTMENT OF THE TREASURY
 DIVISION OF PENSIONS AND BENEFITS
 STATE HEALTH BENEFITS PROGRAM
 PO BOX 299 TRENTON, NEW JERSEY 08625-0299

RESOLUTION

A RESOLUTION for Local Government Employers to limit the medical plans offered under the State Health Benefits Program. Employers must offer at least one plan from each category.

BE IT RESOLVED:

The BOROUGH OF MADISON 093800
CORPORATE NAME OF EMPLOYER SHBP/SEHBP EMPLOYER LOCATION NUMBER

WILL NOT OFFER THE FOLLOWING PLAN(S) (CHECK THE PLANS YOUR LOCATION WILL NOT BE OFFERING – YOU MUST OFFER AT LEAST ONE PLAN FROM EACH CATEGORY.)

CATEGORY 1		CATEGORY 2	
<input checked="" type="checkbox"/> AETNA FREEDOM10	<input checked="" type="checkbox"/> NJ DIRECT10	<input type="checkbox"/> AETNA FREEDOM1525	<input type="checkbox"/> NJ DIRECT1525
<input checked="" type="checkbox"/> AETNA FREEDOM15	<input type="checkbox"/> NJ DIRECT15	<input checked="" type="checkbox"/> AETNA HMO1525	<input checked="" type="checkbox"/> HORIZON HMO1525
<input checked="" type="checkbox"/> AETNA HMO	<input checked="" type="checkbox"/> HORIZON HMO		
CATEGORY 3		CATEGORY 4	
<input checked="" type="checkbox"/> AETNA FREEDOM2030	<input checked="" type="checkbox"/> NJ DIRECT2030	<input type="checkbox"/> AETNA VALUE HD4000	<input checked="" type="checkbox"/> NJ DIRECT HD4000
<input type="checkbox"/> AETNA HMO2030	<input checked="" type="checkbox"/> HORIZON HMO2030	<input checked="" type="checkbox"/> AETNA VALUE HD1500	<input checked="" type="checkbox"/> NJ DIRECT HD1500

Upon receipt of this resolution, the Health Benefits Bureau will schedule a Special Open Enrollment for active employees currently enrolled in any plan that will no longer be offered. These employees must submit a *Health Benefits Application* to change medical plans during the Special Open Enrollment or will otherwise be terminated from coverage. Resolutions may be filed once in a calendar year.

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

BOROUGH OF MADISON
CORPORATE NAME OF EMPLOYER
 on the 10th day of OCTOBER, 20 12
SIGNATURE
MAYOR
OFFICIAL TITLE
130
NUMBER OF EMPLOYEES
50 KINGS ROAD
STREET ADDRESS
MADISON NJ 07940
CITY STATE ZIP CODE
(973) 593-3043
AREA CODE TELEPHONE NUMBER
22-6002-052
EMPLOYER'S STATE SOCIAL SECURITY IDENTIFICATION NUMBER