HB-0169-0525

RESOLUTION NO. 187-2026

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:

1. The Township of Byram (*Corporate Name of Employer*) 10 Mansfield Dr., Stanope NJ 07874 (*SHBP/SHEBP 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.

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:

Township of Byram (*Corporate Name of Employer*)			973-347-2500 (*Phone Number*)
10 Mansfield Drive (*Street Address*)	Stanhope (*City*)	NJ (*State*)	07874 (*Zip Code*)
Alex Rubenstein (*Print Name*)	Mayor (*Official Title*)	arubenstein@byramtwp.org (*Email Address*)	
(*Signature*)			10 / 20 / 2027 (*Date*)
(*Number of Employees*)	22-6001696 (*Employer's State Employer Identification Number (EIN)*)		

Please complete page 2 of this form.

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Please complete and comply with the following:

Type of funding method with the new contract:

- [X] Conventionally insured Health Insurance Fund, self-funded
- [ ] Minimum premium N/A
- [ ] Administrative Services Only (ASO) N/A
- [X] Other (please list) North Jersey Municipal Employee Benefits Fund

- [X] New Health Carrier North Jersey Municipal Employee Benefits Fund, Aetna
- [ ] New Prescription Drug Carrier North Jersey Municipal Employee Benefits Fund, ESI
- [ ] New Dental Plan Carrier
- [X] Reason for termination from the SHBP/SEHBP

The township was able to secure a benefit program at a significantly lower cost, with benefits equal to or better than its current program

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.