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

STATE HEALTH BENEFITS PROGRAM SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

PO BOX 299 TRENTON, NEW JERSEY 08625-0299

RESOLUTION

A RESOLUTION to adopt the provisions of Chapter 48 (N.J.S.A. 52:14.17.38) under which a public employer may agree to pay for the State Health Benefits Program (SHBP) and/or School Employees' Health Benefits Program (SEHBP) coverage of certain retirees.

BE	IT RESOLVED:		
1.	The BOROUGH OF SHREWSBURY - I	MONMOUTH	043100
	CORPORATE NAME OF EMPLOYER - COUNTY SHBP/SEHBP ID NUMBER nereby elects to adopt the provisions of N.J.S.A. 52:14-17.38 and adhere to the rules and regulation promulgated by the State Health Benefits Commission and School Employees' Health Benefit Commission to implement the provisions of that law.		
2.	This resolution affects employees as shown on to the lt is effective on the 1st day of $\underbrace{JUNE}_{MONTH}$	he attached Chapter 4 , $\frac{201}{}$	
3.	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 Resolution or Chapter 48 Resolution adopted previously by this governing body.		
4.	We agree that this <i>Resolution</i> will remain in effect until properly amended or revoked with the SHBP and/or SEHBP. We recognize that, while we remain in the SHBP and/or SEHBP, we are responsible for providing the payment for post-retirement medical coverage as listed in the attached <i>Chapter 48 Resolution Addendum</i> for all employees who qualify for this coverage while this <i>Resolution</i> is inforce.		
5.	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 <i>Resolution</i> .		
I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the			
	BOROUGH OF SHREWSBURY	419 SYCAMORI	E AVENUE
CORPORATE NAME OF EMPLOYER ADDRESS			RESS
or	the <u>21st</u> day of <u>MAY</u> , 20 <u>18</u>		
		SHREWSBURY	NJ 07702
	SIGNATURE	CITY	STATE ZIP CODE
BOROUGH ADMINISTRATOR		732-741-4200 X111	

AREA CODE

OFFICIAL TITLE

TELEPHONE NUMBER