

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:

- The Camden Redevelopment Agency _____ SHBP/SEHBP ID NUMBER _____
CORPORATE NAME OF EMPLOYER - COUNTY
hereby elects to adopt the provisions of N.J.S.A. 52:14-17.38 and adhere to the rules and regulations promulgated by the State Health Benefits Commission and School Employees' Health Benefits Commission to implement the provisions of that law.
- This resolution affects employees as shown on the attached Chapter 48 Resolution Addendum. It is effective on the 1st day of January, 2013.
MONTH YEAR
- 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.
- We agree that this Resolution 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 Chapter 48 Resolution Addendum for all employees who qualify for this coverage while this Resolution is in force.
- 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 Resolution.

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

Camden Redevelopment Agency _____ 520 Market St - Suite 1300
CORPORATE NAME OF EMPLOYER ADDRESS

on the 27th day of September, 2012 _____
C

[Signature] _____ Camden NJ 08102
SIGNATURE CITY STATE ZIP CODE

Executive Director _____ 856 757-7600
OFFICIAL TITLE AREA CODE TELEPHONE NUMBER

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
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RESOLUTION

A RESOLUTION to elect a premium delay option as selected below.

- One month delay (initial election)
- Two month delay (initial election)
- Add additional one month delay for a maximum premium delay of two months (for locations that have previously adopted a one month premium delay)

BE IT RESOLVED:

The Camden Redevelopment Agency - Camden County _____
NAME OF EMPLOYER - COUNTY SHBP/SEHBP #

hereby resolves to exercise its premium delay option under the State Health Benefits Program and/or School Employees' Health Benefits Program as selected above, commencing with the
January _____ 2013 _____ premium.
MONTH YEAR

We understand that, should our group elect to terminate State Health Benefits Program and/or School Employees' Health Benefits Program participation sometime in the future or the Programs cease to exist, any delayed premiums will become due and payable immediately. We understand that this premium delay shall take effect 60 days following receipt of this resolution by the State Health Benefits Commission or School Employees' Health Benefits Commission.

We understand, in accordance with N.J.S.A. 17:9-5.3(b), that full payment of health benefit charges must be received on or before the due date printed on the bill and that interest shall be applied to the total transmittal of health benefit charges from the day following the due date until the day payment is received.

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

Camden Redevelopment Agency
CORPORATE NAME OF EMPLOYER

on the 27th day of September, 2012. 520 Market St - Suite 1300
STREET ADDRESS

[Signature] _____ Camden NJ 08102
SIGNATURE CITY STATE ZIP CODE

Executive Director _____ 856-757-7600
OFFICIAL TITLE AREA CODE TELEPHONE NUMBER

Sept 27, 2012

HB-0077-0510

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
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PO BOX 299 TRENTON, NEW JERSEY 08625-0299

RESOLUTION

A RESOLUTION to authorize participation in the State Health Benefits Program and/or School Employees' Health Benefits Program of the State of New Jersey.

BE IT RESOLVED:

- The Camden Redevelopment Agency 222-831144
CORPORATE NAME OF EMPLOYER STATE SOCIAL SECURITY I.D. NUMBER
hereby elects to participate in the Health Program provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.
- A. We elect to participate in the Employee Prescription Drug Plan defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.
B. We will be maintaining _____ as our prescription drug plan.¹
NAME OF PLAN
C. We will not have a stand-alone prescription drug plan and understand that prescription drug coverage will be provided based on the medical plan chosen by the subscriber.
- A. We elect to participate in the Employee Dental Plans defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission.
B. We will be maintaining Dr. John Kernan, DMD as our dental plan.¹
NAME OF PLAN
C. We will not have a dental plan.
- We elect 35² hours per week (average) as the minimum requirement for full time status in accordance with N.J.A.C. 17:9-4.6.
- As a participating employer we will remit to the State Treasury all charges due on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.
- We hereby appoint Johanna S. Conger, Director of Finance to act as
NAME/TITLE
Certifying Officer in the administration of this program.
- This resolution shall take effect immediately and coverage shall be effective as of January 1, 2013
DATE
or as soon thereafter as it may be effectuated pursuant to the statutes and regulations (can be no less than 75 or 90 days pursuant to the provisions of N.J.S.A. 17:9-1.4).

NOTE: AN INDIVIDUAL IS PERMITTED COVERAGE AS AN EMPLOYEE, RETIREE, OR DEPENDENT. MULTIPLE COVERAGE UNDER THE SHBP OR SEHBP IS PROHIBITED.

¹ If not electing prescription drug coverage and/or dental plan participation through the State Health Benefits Program or School Employees' Health Benefits Program, attach copies of the current prescription drug and dental plan contracts.
² As of 6/1/2010, may not be less than 25 hours per week for employees, or 35 hours per week for elected or appointed officials.

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

Camden Redevelopment Agency
CORPORATE NAME OF EMPLOYER
on the 27th day of September, 2012.
[Signature]
SIGNATURE
EXECUTIVE DIRECTOR
OFFICIAL TITLE

17
NUMBER OF EMPLOYEES
520 Market St - Suite 1300
STREET ADDRESS
Camden, NJ 08102
CITY STATE ZIP CODE
856 757-7000
AREA CODE TELEPHONE
222-831144
EMPLOYER'S STATE SOCIAL SECURITY IDENTIFICATION NUMBER