

**RESOLUTION AUTHORIZING PARTICIPATION UNDER THE  
SHBP AND/OR SEHBP**

**MOTIONED BY:** Guzman  
**SECONDED BY:** Friedrich

**BE IT RESOLVED:**

1. The North Hudson Sewerage Authority \_\_\_\_\_ 023485000 \_\_\_\_\_  
Corporate Name of Employer SHBP/SHEBP Employer Location 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.
2. 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.  
 This plan is comparable in design to the State Employee Prescription Drug 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.
3. 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 and/or School Employees' Health Benefits Commission.
- b.  We will be maintaining \_\_\_\_\_ as our dental plan.
- c.  We will not have a dental plan.
4. We elect 32 hours per week (average) as the minimum requirement for full-time status in accordance with N.J.A.C. 17:9-4.6.
5. 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.
6. We hereby appoint Belissa Vega, QPA, Public Agency Compliance Officer  
Name/Title  
 to act as Certifying Officer in the administration of this program.

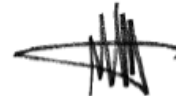
7. This resolution shall take effect immediately and coverage shall be effective as of 11/16/2023 or as soon thereafter as it may be effectuated pursuant to the statutes and regulations (can be no less than 75 or 90 days pursuant to the provisions of N.J.S.A. 17:9-1.4).

**DATED: NOVEMBER 16, 2023**

**RECORD OF COMMISSIONERS' VOTE**

	<b>YES</b>	<b>NO</b>	<b>ABSENT</b>
Commissioner Kappock	x		
Commissioner Marotta			x
Commissioner Gardiner	x		
Commissioner Friedrich	x		
Commissioner Guzman	x		
Commissioner Velazquez	x		
Commissioner Barrera	x		
Commissioner Zuconi	x		
Commissioner Assadourian			x

**THIS IS TO CERTIFY THAT THIS RESOLUTION WAS DULY ADOPTED BY THE NORTH HUDSON BOARD OF COMMISSIONERS ON NOVEMBER 16, 2023.**




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**SECRETARY**