

**RESOLUTION #3243**

**RESOLUTION OF THE BOARD OF COMMISSIONERS OF THE HOUSING  
AUTHORITY OF THE TOWNSHIP OF WOODBRIDGE AMENDING THE  
AUTHORITY'S PARTICIPATION IN THE STATE HEALTH BENEFITS PLAN TO  
INCLUDE THE PAYMENT OF DENTAL BENEFIT PREMIUMS FOR ELIGIBLE  
RETIREES**

**WHEREAS**, the Housing Authority of the Township of Woodbridge participates in the New Jersey State Health Benefits Plan (SBHP) and has previously elected to pay the premium charges for medical benefits for certain eligible retirees and dependents and surviving spouses and to reimburse Medicare premium charges for such retirees and their spouses covered by the New Jersey SBHP; and

**WHEREAS**, the SHBP also permits local employers to pay the premium charges for dental benefits for eligible retirees and their dependents and surviving spouses; and

**WHEREAS**, it is appropriate to pay premium charges for dental benefits to eligible retirees, their dependents and surviving spouses.

**NOW THEREFORE BE IT RESOLVED** that the Board of Commissioners of the Housing Authority of the Township of Woodbridge hereby authorizes the adoption of a Chapter 48 Resolution Addendum effective April 1, 2023 to pay premium charges for dental benefits to eligible retirees, their dependents and surviving spouses who retire with 25 years or more years of service in the retirement program.

Motion to adopt Resolution #3243 by Commissioner Pires and seconded by Commissioner Michelson and upon roll call, the vote was as follows:

ROLL CALL: Agarwal Kenny Michelson Perez Pires Walker Ficarra  
AYES: Agarwal Kenny Michelson Pires Ficarra  
NAYS: None  
Abstain: None  
Absent: Perez Walker

I hereby certify that the above Resolution is a true and exact copy of the Resolution adopted by the Board of Commissioners of the Housing Authority of the Township of Woodbridge at their Regular meeting of April 10, 2023.

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Donna F. Brightman, Secretary

Approved as to legal form by  
Terrence Corriston, Esq.



State Health Benefits Program (SHBP)  
School Employees' Health Benefits Program (SEHBP)

**RESOLUTION**

To be completed by the employing agency's Certifying Officer.

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 SHBP and/or SEHBP coverage of certain retirees.

BE IT RESOLVED

1. The \_\_\_\_\_  
*Corporate Name of Employer* *SHBP/SEHBP Employer Location Number*

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.

2. This resolution affects employees as shown on the attached *Chapter 48 Resolution Addendum*. It is effective on the 1st day of \_\_\_\_\_  
*Month* *Year*

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 resolution will remain in effect until properly amended or revoked with the SHBP and/or SEHBP. We recognize that while we participate with 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.

5. We understand that we are required to provide the New Jersey Division of Pensions & Benefits (NJDPB) 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 NJDPB 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:

\_\_\_\_\_  
*Corporate Name of Employer* *Phone Number*

\_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

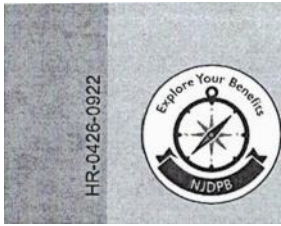
\_\_\_\_\_  
*Print Name* *Official Title*

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Number of Employees* *Employer's State Employer Identification Number (EIN)*

Mail Completed Resolution to: New Jersey Division of Pensions & Benefits  
Health Benefits Bureau  
P.O. Box 299  
Trenton, NJ 08625-0299

Email Completed Resolution to: [HBRetired@treas.nj.gov](mailto:HBRetired@treas.nj.gov)



State Health Benefits Program (SHBP) and  
 School Employees' Health Benefits Program (SEHBP)  
**CHAPTER 48 RESOLUTION ADDENDUM**

Effective Date of Resolution \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Form to be used for: Medical **0** Dental **0** Both **0**

Employer Name \_\_\_\_\_  
*Corporate Name of Employer, SHBP/SEHBP Employer Location Number*

CLASS OF EMPLOYEES  Examples: police officers, clerical workers, bargaining unit (PBA, CWA), nonaligned, or individual(s)	N.J.S.A. 52:14-17.38 Provisions Adopted						Premium Payment Retirees  If Yes Show %	Premium Payment Dependents		Medicare Reimbursement		Premium Payment Surviving Spouses		Do Benefits Apply to Current Retirees		If Benefits Do Not Apply To Current Retirees, Give Effective Date
	1) Retired on a Disability Retirement	2) Retired w/25 or + years of years of	2a) Number of years service w/employer	3) Retired age 65 + w/25 years service	3a) Number of years service w/employer	4) Retired 62 or older w/15 years or more service w/employer		No	If Yes Show %	No	If Yes show %	No	If Yes Show %	No	If Yes Show %	

Note: An age requirement is not permitted on Provisions 1 or 2; Provisions 3 and 4 already have an age requirement.

\_\_\_\_\_  
 Date Resolution Submitted

\_\_\_\_\_  
 Name of Certifying Officer

\_\_\_\_\_  
 Area Code and Phone Number