Scott-Bey, Alternate No. 2

UNION COUNTY UTILITIES AUTHORITY

1499 US Highway One, Rahway, New Jersey 07065

(732) 382-9400 FAX (732) 382-5862

RESOLUTION NO.:	69-2023		DATE: October 18, 2023								
RESOLUTIOI AUTHORIZIN CHAPTER PARTICIPAT PROGRAM.	G THE A 48 (N.J	UTHORIT	TY'S ADO 2:14.17.38	PTION C	OF THE PI	ROVISIO	NS OF				
APPROVED AS TO FORM: Bianka Vargas Clerk of the Authority APPROVED AS TO SUFFICIENCY OF FUNDS [] YES [] NO [/] NONE REQUIRED UNION COUNTY UTILITIES AUTHORITY											
By: Bianka Vargas By: John Cuff.											
	PRESENT	ABSENT	AYE	NAY	ABSTAIN	MOTION	SECOND				
Eastman, Treasurer							\i				
Figueiredo	<		>								
Jackus	V		V								
Kahn	V					\					
Holder	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				\						
McManus, Secretary	7										
Rachlin	>										
Scutari, Vice Chairperson	>		V								
Szpond, Chairperson	\										

RESOLUTION OF THE UNION COUNTY UTILITIES AUTHORITY AUTHORIZING THE AUTHORITY'S ADOPTION OF THE PROVISIONS OF CHAPTER 48 (N.J.S.A. 52:14.17.38) WITH RESPECT TO ITS PARTICIPATION IN THE NEW JERSEY STATE HEALTH BENEFITS PROGRAM.

WHEREAS, the Union County Utilities Authority ("Authority") provides medical health insurance benefits to its employees and certain retirees; and

WHEREAS, as set forth in Resolution No.68-2023, based on the recommendations of the Authority's health insurance consultant/broker and the PPI Committee, the Authority has elected to participate in the New Jersey State Health Benefits Program ("SHBP") after determining that it can obtain cost-effective health insurance benefits that are equal to or greater than the coverage currently offered by the Authority's existing health insurance plans, by participating in the SHBP; and

WHEREAS, consistent with the recommendations of the Authority's health insurance consultant/broker and the PPI Committee, the Board of Commissioners wishes to authorize the Authority's adoption of the provisions of Chapter 48 (N.J.S.A. 52:14.17.38) in connection with the Authority's participation in the SHBP, to ensure that applicable retirees receive and/or continue to receive health insurance benefits, including prescription drug and dental coverage, in accordance with the SHBP.

NOW, THEREFORE, BE IT RESOLVED, by the Union County Utilities Authority as follows:

- 1. The aforesaid recitals are incorporated herein as though fully set forth at length.
- 2. The Authority authorizes and incorporates herein, as though fully set forth at length, the attached SHBP resolution and form adopting the provisions of Chapter 48 with respect to the Authority's participation in the SHBP.
- 3. The Authority's hereby authorizes its SHBP Certifying Officer to execute the attached form referenced in paragraph 2 hereinabove.
- 4. The Authority further authorizes the Acting Executive Director, with the assistance of counsel as deemed necessary, to take all other steps necessary to ensure the Authority's adoption of the provisions of Chapter 48 and provision of the insurance benefits approved by way of this resolution.
- 5. This resolution shall take effect immediately, and the insurance coverages authorized herein shall be effective as of February 1, 2024.



Email Completed Resolution to:

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 Union County Utility Authority 1790-00 Corporate Name of Employer SHBP/SHEBP 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 February, 2024.
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 <i>Chapter 48 Resolution Addendum</i> 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.
l h	ereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the:
Ú,	uon County Utility Authority 732-382-9400 Corporate Name of Employer 732-382-9400 Phone Number
14	199 Route I Rahway NJ 07065 Street Address State I Zip Code
	Deputy Crocutive Dicer LdaS: Iva Queva of Print Name Dicert & Admin Securer LdaS: Iva Queva of Official Title Email Address
Ç	Jusa M. da Silva Signature 10/19/23 Date
*****	Number of Employees Employer's State Employer Identification Number (EIN)
Ma	ail Completed Resolution to: New Jersey Division of Pensions & Benefits Health Benefits Bureau P.O. Box 299 Trenton, N.I.08625-0299

HBRetired@treas.nj.gov

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						or individual(s)	Examples: police officers, clerical workers, bargaining unit (PBA_CWA) nonaligned	CLASS OF EMPLOYEES	Employer Name	Effective Date of Resolution		HR-0426-0922
						Disa	etired on a bility rement		nic	lution_		State Scho CH ,
						2) R or + serv	letired w/25 years of rice	N.J.S.A.	Corpo			Health of Emp
						year	Number of s service nployer	52:14-17.3	orate Name			Benefi loyees' R 48
						3) R 65 + serv	etired age w/25 years ice	38 Provisio	of Employe			ts Prog Health RES(
						year	Number of s service nployer	N.J.S.A. 52:14-17.38 Provisions Adopted	., SHBP/SEHB	Form		ram (SI Benefit)LUT
						olde or m	etired 62 or r w/15 years lore service mployer	pe	Corporate Name of Employer, SHBP/SEHBP Employer Location Number	Form to be used for: Medical 🔲 Dental		State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) CHAPTER 48 RESOLUTION ADDENDUM
 						If Yes Show %	Premium Payment Retirees		A Carlon I	ed for:		n (SEH
						N _o	Prer Payı Depe		vumber	Medical		BP)
						If Yes Show %	Premium Payment Dependents		4	D D		
						N _O	Med Reimbu					
						If Yes Show %	Medicare Reimbursement			□ Both 🗷		
						No	Premium Payment Surviving Spouses			B		
						If Yes Show %	nium nent iving ivses					
						N _O	Do Benefits Apply to Current Retirees					
						If Yes Show %	nefits y to ?etirees					
						Enective Date	If Benefits Do Not Apply To Current Retirees, Give					

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

Deputy Executive Director/

<u>Director of Admin. Services</u>

Name of Certifying Officer

Area Code and Phone Number

Date Resolution Submitted