A resolution to authorize participation in the employee prescription drug program.

BE IT RESOLVED:

1. The ___________________________ ___________________________,
a participating employer in the SHBP/SEHBP, hereby elects to participate in the Employee Prescription Drug Pro-
gram provided by the New Jersey State Health Benefits Act (N.J.S.A. 52:14-17.25 et seq.) and to authorize coverage
for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the

2. 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.

3. We hereby appoint ___________________________ to act as
Certifying Officer in the administration of this program.

4. This resolution shall take effect immediately and coverage shall be effective as of ______/_____/______, or as
soon thereafter as it may be effectuated pursuant to the statutes and regulations.

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

__________________________________________________________
Print Name

__________________________________________________________
Official Title

__________________________________________________________
Signature

Date

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