

HB-0720-0904

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS  
**NEW JERSEY STATE HEALTH BENEFITS PROGRAM**  
PO Box 299 Trenton, New Jersey 08625-0299

**RESOLUTION**

**A RESOLUTION** to authorize participation in the New Jersey State Health Benefits Program Act of the State of New Jersey for SHBP Dental Plan coverage.

**BE IT RESOLVED:**

- The Rockaway Valley Regional Sewerage Authority (RVRSA)  
Name of Employer  
a participating employer in the State Health Benefits Program, hereby elects to participate in the SHBP Employee Dental Plans provided by the New Jersey State Health Benefits Act of the State of New Jersey (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 State Health Benefits Commission.
- 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.
- As the employer I understand that the employer is responsible for at least 50% of the dental premium.
- We hereby appoint the B.K. Sandy Thai, CFO  
Title to act as Certifying Officer in the administration of this plan.
- This resolution shall take effect immediately and coverage shall be effective as of January 08, 2015  
Date 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***

<u>Rockaway Valley Regional Sewerage Authority</u> Corporate Name of Employer	<u>35</u> Number of Employees
on the <u>8</u> day of <u>January</u> , 20 <u>15</u> .	<u>99 Greenbank Road</u> Street Address
<u>Michael Guadagno</u> Signature	<u>Boonton</u> <u>NJ</u> <u>07005</u> City State ZIP Code
<u>Board Secretary</u> Official Title	<u>201 - 263-1555</u> Area Code Telephone
	<u>Sun Life Assurance Company of America</u> Present Dental Plan Carrier
	<u>22-1950825</u> Employer's State Social Security Identification Number