

WINSLOW TOWNSHIP BOARD OF EDUCATION

Addendum – Tuesday, November 25, 2014

I. BOARD SECRETARY’S REPORT

- 1. Terminate Participation for Prescription Drug Coverage under the New Jersey Health Benefits Program Act of the State of New Jersey

STATE OF NEW JERSEY
 DEPARTMENT OF THE TREASURY
 DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
SCHOOL EMPLOYEES’ HEALTH BENEFITS PROGRAM
 PO BOX 299 Trenton, New Jersey 08625-0299
R E S O L U T I O N

A **RESOLUTION** to terminate participation under the New Jersey State Health Benefits Program Act of the State of New Jersey for **Prescription Drug Coverage only**.

BE IT RESOLVED:

- 1. The _____ Winslow Township School District
Name of Employer
 hereby resolves to terminate its participation in the State Employee Prescription Drug Plan thereby canceling prescription drug coverage provided by the New Jersey State Health Benefits Program or the School Employees’ Health Benefits Program (N.J.S.A. 52:14-17.25 et seq.) for all its active employees.
- 2. We shall notify all active employees of the date of their termination of coverage under the program.
- 3. We understand that all COBRA participants will be notified by the Division of Pensions and Benefits and advised to contact our office concerning a possible alternative prescription drug program.
- 4. We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the State Health Benefits Commission or the School Employees’ Health Benefits Commission.
- 5. We understand that this plan must be comparable in design, as determined by the Commission, to the State Employee Prescription Drug Plan.

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

Winslow Township School District

Corporate Name of Employer

on the 25 day of November, 2014.

Signature

Business Administrator/Board Secretary

Official Title

PLEASE COMPLETE AND COMPLY WITH THE FOLLOWING:

- A. Employer New Jersey State Health Benefits Program/School Employees' Health Benefits Program Identification Number: _____
- B. New Prescription Drug Carrier: _____
- C. Reason for termination of the State Employee Prescription Drug Plan: _____

D. In accordance with N.J.S.A. 18A:16-21 and 40A:10-25, you must file a copy of your new contract with the State Health Benefits Commission or the School Employees' Health Benefits Commission. Please submit a copy of the new contract with this completed resolution.

2. Approve Purchase – State Contract Vendor

Approve the purchase of bus supplies in the amount of \$7,852.50 from Mechanics Auto Parts/Napa an approved State Contract Vendor. State Contract # 73744. Items to be charged to 11-000-270-615

and further acknowledge the following statement:

I certify that there are sufficient funds available to purchase the items listed in this award.

Tyra McCoy-Boyle

3. Approve Purchase – State Contract Vendor

Approve the purchase of bus supplies in the amount of \$2,951.22 from Bus Parts Warehouse an approved State Contract Vendor. State Contract # 73725.
Items to be charged to 11-000-270-615

and further acknowledge the following statement :

I certify that there are sufficient funds available to purchase the items listed in this award.

Tyra McCoy-Boyle

On a motion made by _____, seconded by _____, approval of Board Secretary's Report is granted.	
Exceptions: _____	
<i>Roll Call:</i>	
_____ Mr. Blake	_____ Ms. Watkins
_____ Ms. Brown	_____ Mr. Wilcox
_____ Ms. Dredden	_____ Ms. Peterson
_____ Mr. Gidwani	_____ Ms. Pitts
_____ Mr. Vascos	