

Monday evening
October 1, 2012
Special Meeting
6:00 p.m.

STATEMENT:

PUBLIC NOTICE of this meeting pursuant to the Open Public Meetings Act has been given by the Riverside Township Committee in the following manner:

1. Posting written notice at the Riverside Township Administrative Office Building on September 28, 2012.
2. Written notice was delivered to the Burlington County Times and mailed to the Courier Post on September 28, 2012.
3. Filed written notice with the Clerk of the Township of Riverside on September 28, 2012.

The Special Meeting of the Riverside Township Committee was held on the above date at the Riverside Township Administrative Office Building with the following members present: Messrs. Prisco, Van Meter, Mrs. Hatcher and Mr. Conard. The following people were also present: Municipal Clerk Dydek, Police Chief Tursi and Administrator Jack. Mr. Polino was absent.

OPEN PORTION:

Seeing that there were no members of the Public in attendance, Public Portion for Agenda Items only was not opened.

Administrator Jack explained that the Health Insurance rates are going to have a 44% increase and questioned the Committee if they want to opt out of the South Jersey Health Insurance Fund and opt into the State Health Benefits Fund. There was a brief discussion by the Committee concerning the health insurance increase.

CONSENT AGENDA:

Mr. Prisco made a motion, seconded by Mrs. Hatcher that the consent agenda be approved carried.

The following Resolutions were contained in the consent agenda:

2012- #95 –WITHDRAWAL FROM MEMBERSHIP IN THE SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND.

2012- #96 – A RESOLUTION TO AUTHORIZE PARTICIPATION IN THE STATE HEALTH BENEFITS PROGRAM AND/OR SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM OF THE STATE OF NEW JERSEY.


2012 -#97 – A RESOLUTION TO ELECT A PREMIUM DELAY OPTION.

2012- #98 – A RESOLUTION ESTABLISHING CHAPTER 48 GUIDELINES UNDER THE STATE HEALTH BENEFITS PROGRAM.

PUBLIC PORTION:

Seeing no members of the Public present, Public Portion was not opened.

There being no further business to attend to, **motion made by Mr. Prisco and Mrs. Hatcher that the meeting be adjourned and so declared by Mayor Conard.**


Susan M. Dydek, RMC
Municipal Clerk

/smd

RESOLUTION NO. 2012-#95

WITHDRAWAL FROM MEMBERSHIP IN THE
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

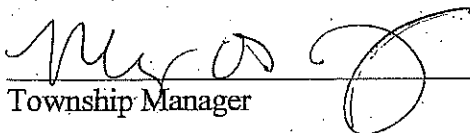
WHEREAS, the Riverside Township is a member of the Southern New Jersey Regional Employee Benefits Fund; and

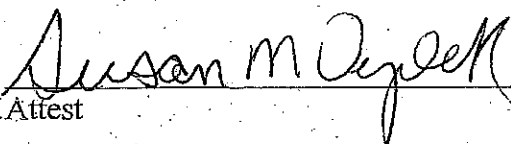
WHEREAS, the by-laws of the Fund provide for a 90 day notice of the intent to terminate membership; and

NOW THEREFORE BE IT RESOLVED by the Riverside Township that it is terminating its membership for both medical and prescription coverage in the Southern New Jersey Regional Employee Benefits Fund and it is providing its notice herewith, such termination to be effective on midnight of 12/31/2012.

BE IT FURTHER RESOLVED that certified copies of this resolution shall be sent to the Fund offices and delivered via email no later than 9:00 a.m. on 10/2/2012.

Certification:


Township Manager


Attest

2012-96

HB-0077-0510

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
STATE HEALTH BENEFITS PROGRAM
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
PO BOX 299 TRENTON, NEW JERSEY 08625-0299

RESOLUTION

A RESOLUTION to authorize participation in the State Health Benefits Program and/or School Employees' Health Benefits Program of the State of New Jersey.

BE IT RESOLVED:

- The Riverside Township
CORPORATE NAME OF EMPLOYER STATE SOCIAL SECURITY I.D. NUMBER
heroby elects to participate in the Health Program provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2) 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 and/or School Employees' Health Benefits Commission.
- A. We elect to participate in the Employee Prescription Drug Plan defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.
B. We will be maintaining _____ as our prescription drug plan.
NAME OF PLAN
C. We will not have a stand-alone prescription drug plan and understand that prescription drug coverage will be provided based on the medical plan chosen by the subscriber.
- A. We elect to participate in the Employee Dental Plans defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission.
B. We will be maintaining Horizon as our dental plan.
NAME OF PLAN
C. We will not have a dental plan.
- We elect _____² hours per week (average) as the minimum requirement for full time status in accordance with N.J.A.C. 17:9-4.6.
- 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.
- We hereby appoint Meghan Jack, Township Manager to act as
NAME/TITLE
Certifying Officer in the administration of this program.
- This resolution shall take effect immediately and coverage shall be effective as of January 1, 2013
DATE
or as soon thereafter as it may be effectuated pursuant to the statutes and regulations (can be no less than 75 or 90 days pursuant to the provisions of N.J.S.A. 17:9-1.4).

NOTE: AN INDIVIDUAL IS PERMITTED COVERAGE AS AN EMPLOYEE, RETIREE, OR DEPENDENT. MULTIPLE COVERAGE UNDER THE SHBP OR SEHBP IS PROHIBITED.

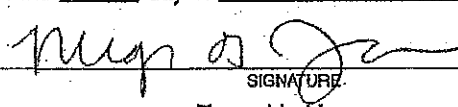
¹ If not electing prescription drug coverage and/or dental plan participation through the State Health Benefits Program or School Employees' Health Benefits Program, attach copies of the current prescription drug and dental plan contracts.

² As of 6/1/2010, may not be less than 25 hours per week for employees, or 35 hours per week for elected or appointed officials.

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

Riverside Township
CORPORATE NAME OF EMPLOYER

on the 1st day of October, 2012


SIGNATURE
Township Manager
OFFICIAL TITLE

40
NUMBER OF EMPLOYEES

237 S. Pavillon Avenue
STREET ADDRESS

Riverside New Jersey 08075
CITY STATE ZIP CODE

(856) 461-0284
AREA CODE TELEPHONE

EMPLOYER'S STATE SOCIAL SECURITY IDENTIFICATION NUMBER

2012-97

FH-0170-0509p

STATE OF NEW JERSEY
 DEPARTMENT OF THE TREASURY
 DIVISION OF PENSIONS AND BENEFITS
 STATE HEALTH BENEFITS PROGRAM
 SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
 PO BOX 299 TRENTON, NEW JERSEY 08625-0299

RESOLUTION

A RESOLUTION to elect a premium delay option as selected below.

- One month delay (initial election)
- Two month delay (initial election)
- Add additional one month delay for a maximum premium delay of two months (for locations that have previously adopted a one month premium delay)

BE IT RESOLVED:

The Riverside Township of Burlington County _____
NAME OF EMPLOYER - COUNTY SHBP/SEHBP #

hereby resolves to exercise its premium delay option under the State Health Benefits Program and/or School Employees' Health Benefits Program as selected above, commencing with the
January 2013 premium.
MONTH YEAR

We understand that, should our group elect to terminate State Health Benefits Program and/or School Employees' Health Benefits Program participation sometime in the future or the Programs cease to exist, any delayed premiums will become due and payable immediately. We understand that this premium delay shall take effect 60 days following receipt of this resolution by the State Health Benefits Commission or School Employees' Health Benefits Commission.

We understand, in accordance with N.J.S.A. 17:9-5.3(b), that full payment of health benefit charges must be received on or before the due date printed on the bill and that interest shall be applied to the total transmittal of health benefit charges from the day following the due date until the day payment is received.

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

Riverside Township
CORPORATE NAME OF EMPLOYER

on the 1st day of October, 2012.


SIGNATURE

Township Manager

OFFICIAL TITLE

237 S. Pavilion Avenue

STREET ADDRESS

Riverside New Jersey 08075

CITY STATE ZIP CODE

(856) 461-0284

AREA CODE TELEPHONE NUMBER

2012-98

HR-0426-0310

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

STATE HEALTH BENEFITS PROGRAM
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
PO BOX 299 TRENTON, NEW JERSEY 08625-0299

CHAPTER 48, P.L. 1999

SHBP/SEHBP PARTICIPATING EMPLOYER PAYMENT
OF POST-RETIREMENT MEDICAL COSTS

Chapter 48, P.L. 1999, provides eligible participating local employers* considerable flexibility in managing their post-retirement medical costs. It also brings State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) eligibility standards for employer-paid coverage into alignment with local government laws.

Chapter 48, P.L. 1999, essentially does the following:

- (1) It gives eligible employers greater flexibility in defining which employees qualify for post-retirement medical benefits by using the age and service requirements of the local government laws N.J.S.A. 40A:10-23.
- (2) It allows an eligible local employer to negotiate payment obligations for post-retirement medical coverage.

It is important to note that Chapter 48, P.L. 1999 applies only to *post-retirement* medical coverage. It does *not* allow the SHBP or SEHBP participating employer to negotiate payment obligations for coverage of its active employees.

A *Resolution* form is provided in this packet, should your location be interested in adopting the provisions of Chapter 48, P.L. 1999. Both the *Resolution* and *Resolution Addendum* must be completed and submitted to the Health Benefits Bureau of the Division of Pensions and Benefits in order to take advantage of the provisions of this law. Additionally, copies of all applicable contracts, ordinances, and resolutions requiring or authorizing post-retirement medical payments must be submitted with the *Resolution*.

To submit your *Resolution*, you must enter the name of the employer, the county, the employer's SHBP/SEHBP identification number, the month and year the *Resolution* will be effective, and the identifying information requested on the bottom of the form. You must also complete the attached *Resolution Addendum* (instructions are on the reverse side of the addendum).

Mail the *Resolution*, the *Resolution Addendum*, and copies of all applicable contracts, ordinances, and resolutions requiring or authorizing post-retirement medical payments to the Health Benefits Bureau, Division of Pensions and Benefits, PO Box 299, Trenton, NJ 08625-0299.

If you have any further questions concerning this resolution, you may write to us at the address shown above or send e-mail to: pensions.nj@treas.state.nj.us Please be sure to include your name, telephone number, e-mail address, employing location, and your specific question in the correspondence.

**The State, State colleges and universities, State agencies and authorities, the Palisades Interstate Park Commission, and the New Jersey Commerce and Economic Growth Commission are not eligible.*

STATE OF NEW JERSEY
 DEPARTMENT OF THE TREASURY
 DIVISION OF PENSIONS AND BENEFITS
STATE HEALTH BENEFITS PROGRAM
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
 PO BOX 299 TRENTON, NEW JERSEY 08625-0299

RESOLUTION

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 State Health Benefits Program (SHBP) and/or School Employees' Health Benefits Program (SEHBP) coverage of certain retirees.

BE IT RESOLVED:

1. The Riverside Township of Burlington County
CORPORATE NAME OF EMPLOYER - COUNTY SHBP/SEHBP ID 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 January, 2013.
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 remain in 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 Division of Pensions and Benefits 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 Division 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

Riverside Township
CORPORATE NAME OF EMPLOYER

237 S. Pavilion Avenue
ADDRESS

on the 1st day of October, 2012


SIGNATURE

Riverside New Jersey 08075
CITY STATE ZIP CODE

Township Manager
OFFICIAL TITLE

(856) 461-0284
AREA CODE TELEPHONE NUMBER