

**RESOLUTION NO. 1-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING  
PROFESSIONALS AND AWARDED CONTRACTS  
FOR FUND YEAR 2018**

**WHEREAS**, the Central Jersey Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Executive Committee of the Central Jersey Health Insurance Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and unspecifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspecifiable Services so that the work of the Central Jersey Health Insurance Fund may continue;

**WHEREAS**, NJSA 40a11-15 (6) allows for a contract duration of three (3) years; and,

**WHEREAS**, the Fund resolved on July 15, 2015 to award contracts in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. seq., the Fund advertised for such contracts on its official web site on August 3, 2015, and received and publicly opened resulting proposals on September 8, 2015 for all positions.

**BE IT RESOLVED** by the Executive Committee of the Central Jersey Health Insurance Fund that the following "fair and open" appointments and contract awards be and are hereby made for 2018:

- I. **PERMA Risk Management Services as Administrator, Paul Laracy** is hereby appointed as **Executive Director** and as **agent for process of service**. \$8.76 per employee, per month will be expended to the Administrator. The estimated annual amount of \$306,425 has been appropriated in the Administrator Line Item of the 2018 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$20.02 per medical employee, per month, \$8.78 per non-medical employees per month and \$0.85 per employee per month for health care reform will be expended in connection with the Program Manager in 2018. In addition, the Program Manager will be paid \$15,000 for plan documents. The estimated annual amount of \$758,297 has been appropriated in the **Program Manager** Line Item of the 2018 budget.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$52.35 per employee, per month will be expended to the Administrator, with the reduction of \$1.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$628,200 has been appropriated in the Medical TPA Line Item of the 2018 budget.
- IV. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$42 per medical employee, per month will be expended to the

TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$10,080 has been appropriated in the Medical TPA Line Item of the 2018 budget.

- V. **Qualcare** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$37.59 per medical employee, per month and \$1.25 per vision employee, per month and \$5.10 per medical employee, per month will be expended to the TPA. In addition, the TPA will receive 25% of cost containment savings. The estimated annual amount of \$628,200 has been appropriated in the Medical TPA Line Item of the 2018 budget.
- VI. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.10 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$62,980 has been appropriated in the Dental TPA Line Item of the 2018 budget.
- VII. **John Vataha** is hereby is appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$39,750 has been appropriated in the Treasurer Line Item of the 2018 budget.
- VIII. **Berry, Sahradnik, Kotzas & Benson** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$35,716 has been appropriated in the Attorney Line Item of the 2018 budget.
- IX. **Holman and Frenia** is hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$22,900 has been appropriated in the Auditor Line Item of the 2018 budget.
- X. **Steven Mayer** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$11,779 has been appropriated in the Treasurer Line Item of the 2018 budget.

**NOW THEREFORE BE IT RESOLVED** that each of the above shall serve pursuant to a Professional Service Contract, which will be entered into and a copy of which will be on file in the Fund's office, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054;

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: January 17, 2018**

**BY**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 2-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2018**

**BE IT RESOLVED** by the Executive Committee of the Central Jersey Health Insurance Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2018 or until its successor has been appointed and qualified.

**ADOPTED: January 17, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 3-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING CUSTODIAN OF FUND RECORDS**

**BE IT RESOLVED** that William Rieker, the Secretary of the Central Jersey Health Insurance Fund is hereby designated as the custodian of the Fund records, which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054.

**ADOPTED: January 17, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 4-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING  
THE ASBURY PARK PRESS AS  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2018**

**BE IT RESOLVED** by the Executive Committee of the Central Jersey Health Insurance Fund that the Asbury Park Press is hereby designated as the official newspaper for the Central Jersey Health Insurance Fund for the year 2018 and that all official notices required to be published shall be published in this paper and on the Fund website ([www.cjhif.com](http://www.cjhif.com))

**BE IT FURTHER RESOLVED** that in the case of special meetings or emergency meetings, the Secretary of the Central Jersey Health Insurance Fund shall give notice of said meetings to the Asbury Park Press and Fund website ([www.cjhif.com](http://www.cjhif.com))

**ADOPTED: January 17, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 5-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2016**

**WHEREAS**, under the Open Public Meetings Act of New Jersey, each public entity is required to publish the date and place for its public meetings;

**NOW THEREFORE BE IT RESOLVED**, by the Executive Committee of the Central Jersey Health Insurance Fund that the Fund shall hold public meetings during the year 2018 on the third Wednesday of the following months at 1:30 PM at the following locations:

<b>DATE</b>	<b>LOCATION</b>
March 21	Brielle Borough Hall
May 16	Brielle Borough Hall
July 18	Brielle Borough Hall
September 12	Brielle Borough Hall ** 2 <sup>nd</sup> Wednesday
October 17	Brielle Borough Hall
November 14	Atlantic City Sheraton** 2 <sup>nd</sup> Wednesday
January 16, 2019	Brielle Borough Hall

**BE IT FURTHER RESOLVED** that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in Asbury Park Press.

**ADOPTED: January 17, 2018**

**BY:**

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**CHAIRPERSON**

**ATTEST:**

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**SECRETARY**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING A CASH MANAGEMENT PLAN**

**BE IT FURTHER RESOLVED** that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

**1.) Cash Management and Investment Objectives**

The CENTRAL JERSEY HEALTH INSURANCE FUND (hereinafter referred to as the FUND) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the FUND's portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.
- h.) Where legally permissible, cooperation with other local municipal joint insurance funds, and the New Jersey Division of Investment in the planning and execution of investments in order to achieve economies of scale.
- i.) Stability in the value of the FUND's economic surplus.

**2.) Permissible Investments**

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.
- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located;  
or
- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed

obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.

- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

No investment or deposit shall have a maturity longer than five (5) years from date of purchase.

3.) **Authorized Depositories**

In addition to the above, the FUND is authorized to deposit funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJSA 17:9-14 et seq. (GUDPA). Specifically authorized depositories are as follows:

- TD Bank
- Ocean First
- New Jersey Cash Management
- Investors Bank
- Wilmington Trust

4.) **Authority for Investment Management**

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through asset managers that may be selected by the Executive Board. Such asset managers shall be discretionary trustees of the FUND.

Their actions and decisions shall be consistent with this plan and all appropriate regulatory constraints.

In executing investments, asset managers shall minimize transaction costs by querying prices from at least three (3) dealers and purchasing securities on a competitive basis. When possible, federal securities shall be purchased directly from the US Treasury. Transactions shall not be processed through brokerages which are organizationally affiliated with the asset manager. Transactions may also be processed through the New Jersey Division of Investment by the Fund's asset managers.

5.) **Preservation of Capital**

Securities shall be purchased with the ability to hold until maturity.

6.) **Safekeeping**

Securities purchased on behalf of the FUND shall be delivered electronically or physically to the FUND's custodial bank, which shall maintain custodial and/or safekeeping accounts for such securities on behalf of the FUND.



7.) *Selection of Asset Managers, Custodial Banks and Operating Banks*

Asset managers, custodial banks and operating banks shall be retained for contract periods of one (1) year. Additionally, the FUND shall maintain the ability to change asset managers and/or custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) *Reporting*

Asset managers will submit written statements to the treasurer and executive director describing the proposed investment strategy for achieving the objectives identified herein. Asset managers shall also submit revisions to strategy when justified as a result of changing market conditions or other factors. Such statements shall be provided to the Treasurer and Executive Director. The statements shall also include confirmation that all investments are made in accordance with this plan. Additionally, the Investment Manager shall include a statement that verifies the Investment Manager has reconciled and determined the appropriate fair value of the Funds portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

The Treasurer shall report to the Executive Committee at all regular meetings on all investments. This report shall include information on the balances in all bank and investment accounts, and purchases, sales, and redemptions occurring in the prior month.

9.) *Audit*

This plan, and all matters pertaining to the implementation of it, shall be subject to the FUND's annual audit.

10.) *Cash Flow Projections*

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the Fund Actuary and reviewed by the Executive Director and the Treasurer.

11.) *Cash Management*

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours in accordance with NJSA 40A:5-15.

In the event a check is made payable to the Treasurer rather than the Fund, the following procedure is to be followed:

- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.

- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

The Treasurer shall minimize the possibility of idle cash accumulating in accounts by assuring that all amounts in excess of negotiated compensating balances are kept in interest bearing accounts or promptly swept into the investment portfolio.

The method of calculating banking fees and compensating balances shall be documented to the Executive Committee by the Treasurer at least annually.

Cash may be withdrawn from investment pools under the discretion of asset managers only to fund operations, claims imprest accounts, or approved dividend payments.

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

**ADOPTED: January 17, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**



**CENTRAL JERSEY HEALTH INSURANCE FUND  
2018 RISK MANAGEMENT PLAN**

**NOW, THEREFORE, BE IT RESOLVED** that the following shall be the Fund's Risk Management Plan for the 2018 Fund year:

**1.) COVERAGE OFFERED**

- Medical

The Fund offers a "point of services" and "open access" plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offers "low cost plans" to allow members options to comply with contribution requirements under Chapter 78. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, and an HMO plan. For Medicare aged retirees, the Fund also offers fully insured "Medicare Advantage" plans.

- Dental

The Fund offers customized dental plans as required by the members.

- Prescription

The Fund offers customized prescription plans as required by the members, including plans that are coordinated with the low cost medical plan options.

- Vision

The Fund offers customized vision plans as required by the members.

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member plan design.

**3.) RISK RETAINED BY THE FUND**

Medical and Prescription – For all members with such coverage except Lakewood Township:

- Specific Retention: \$275,000
- Aggregate Retention: \$28,848,840 (129.2% of budgeted claims)
- Specific Limit Unlimited
- Aggregate Limit \$10,000,000
- Basis: Incurred 12 months, paid 24 months.

Dental Aggregate Retention: None – Self insured with risk retained by Fund

Vision Aggregate Retention: None – Self insured with risk retained by Fund

Medical and Prescription coverage retentions will vary with census and can also vary depending upon the allocation of claims.

4.) **RISK RETAINED BY LOCAL UNITS - APPLICABLE TO LAKEWOOD TOWNSHIP ONLY - NO RISK RETAINED BY HEALTH INSURANCE FUND (9/1/16-12/31/2018)**

Medical and Prescription:

- Specific Retention: \$200,000
- Aggregate Retention: \$12,778,286 Medical and Rx
- Specific Limit Unlimited Medical Only
- Aggregate Limit \$1,000,000, Medical and Rx
- Basis: Incurred 24 months, paid 12 months (run out claims and IBNR retained by Lakewood Township)
- No stop loss coverage is provided for Prescription coverage
- Stop Loss Carrier: Westport Insurance Corporation

Prescription Enrollees Without Self Insured Medical Coverage (Enrollees with fully insured Medicare Advantage Coverage)

- Risk fully retained by Lakewood Township – No Stop Loss Coverage or Reinsurance Purchased

**5.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.**

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs at conclusion. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted based on earned underwriting income and the number of months since the inception of the Fund year. This accrual is the adjusted at the end of the year in accordance with the actuary's projections.

**6.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS**

At least one month before the end of the year, the Fund adopts a budget for the upcoming year based on the most recent census. Per covered person rates are computed for each line of coverage for each Fund member, and are approved by the Fund as a part of the budget adoption and rate certification process. These rates are used to compute the members' monthly assessment based on the updated census, and are mailed to the members approximately 15 days before the beginning of the month. The billing also includes the member's updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 2 months. Former employees (COBRA, Conversion and some retirees) and, in some cases, Dependent Age 31 participants, are billed directly by the Fund.

**7.) COVERAGE PURCHASED FROM INSURERS AND PARTICIPATION IN THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND (MRHIF)**

The Fund provides coverage on a self-insured basis, and secures excess insurance to cap the Funds' specific (i.e. per covered person per policy year) retention and aggregate retention. The Fund is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the Fund's local specific retention and purchases an excess insurance policy that is filed with the Department of Banking and Insurance in accordance with the applicable regulations. The MRHIF also purchases an aggregate excess insurance policy on behalf of the Fund and the other members.

**8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES**

Upon application to the Fund, the prospective member's benefit program is reviewed by the actuary to determine its projected claim cost. In this evaluation, the actuary takes into consideration:

- a.) age/sex factor as compared to the average for the existing Fund membership;
- b.) the plan of benefits for the prospective member; and
- c.) loss data if available.

The actuary then recommends a relativity factor to the Fund's base rates. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design,

participation in lines of coverage, or a budget amendment. Loss experience used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three year period including de-identified specific claims at 50% of the Fund's self insured retention. Requests for additional claims data can be considered based upon the availability of data, the feasibility of extracting the data, and the reimbursement to the Fund or its vendors of data extraction and formatting costs. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, an increase may be applied to remaining lines of coverage, and it shall not be eligible for membership in the dropped line of coverage for a three year period.

**9.) RATING PERIODS**

All rating periods for municipal members coincide with the Fund year while rating periods for school members coincide with their fiscal year (July 1 to June 30).

**10.) FACTORS IF RATES FOR MEMBERS JOINING THE FUND DURING A FUND YEAR ARE TO BE ADJUSTED.**

Unless otherwise authorized as part of the offer of membership, where a member joins during a Fund year, the member's initial rates are only valid through the end of that Fund year or, for schools, fiscal year, at which time the rates are adjusted for all members to reflect the new budget.

**11.) PROVISION FOR PPOs, etc.**

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional material to assist members in employee communication programs concerning optional plan designs.

**12.) OPEN ENROLLMENT PROCEDURES**

Open enrollment periods shall be scheduled by the Fund at least yearly for each member and as is otherwise required to comply with plan document requirements and to effectuate plan design, network changes, and plan migrations that may take place.

**13.) COBRA AND CONVERSION OPTIONS**

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA administrator to enroll eligible participants and to collect the premium. Where provided for in a member's plan document, the Fund provides a conversion option at rates established by the Fund. Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SHBC. The Fund's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the Fund, or otherwise ceases to be a member of the Fund.

**14.) DISCLOSURE OF BENEFIT LIMITS**

The Fund discloses benefit limits in plan booklets provided to all covered employees.

**15.) PARTICIPATION RULES WHEN ALL OR PART OF THE PREMIUM IS DERIVED FROM EMPLOYEE CONTRIBUTIONS**

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

**16.) RETIREES**

The Fund duplicates coverage for eligible retirees and provides "Medicare Advantage" plans for Medicare aged retirees. The Fund's coverage of a retiree shall terminate effective the date the member local unit withdraws from the Fund, or otherwise ceases to be a member of the Fund.

**17.) NEWBORN CHILDREN**

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for thirty-one (31) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 31 days from the date of birth or the date of adoption."

**18.) PLAN DOCUMENT**

The Fund prepares a detailed plan document for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall



contain at least the following information and be provided to all covered employees within thirty (30) days of coverage being effective.

A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.
- When can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege.

B.) Benefits

- Definitions.
- Description of benefits.

Eligible services and supplies.  
Deductibles and co-payments.  
Examples as needed.  
Exclusions.  
Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures.

D.) Cost Containment Programs

- Pre-admission.
- Second surgical opinion.

- Other cost containment programs.
- Application and level of employee penalties.

## 19.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately every six months after the end of a Fund year, the Fund evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the Fund begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely.

When the Fund determines that a Fund year should be closed:

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The Fund decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that Fund year to the "Closed Fund Year/Contingency Account".
- Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed fund Year/Contingency Account six years after the date of its withdrawal.

## 20.) "RUN-IN" or "RUN-OUT" LIABILITY

The Fund covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval of the Executive Committee, the Fund may also cover the run-in liability of a perspective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund's actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

## 21.) CLAIM AUDIT

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted every three years. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

## 22.) CLAIM APPEALS AND INDEPENDENT REVIEW ORGANIZATIONS

If an appeal to the Executive Committee results in a decision is to deny a claim, the appeal shall be subject to the “adverse benefit determination” appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as “claimant”) shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization (“IRO”). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Program Manager.

a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Program Manager to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request, shall be accompanied by a copy of the determination letter issued by TPA.

1. The Program Manager will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review if (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan. The Program Manager shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.

2. The Program Manager shall then forward an eligible, complete request for external review to the IRO designated by the Fund who shall be required to conduct its review in an impartial, independent and unbiased manner and in accordance with applicable law.

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant’s request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Program Manager who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Program Manager, within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit determination if the Program Manager does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager of the decision within one (1) business day.

5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the Program Manager within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Program Manager for all external reviews conducted. The notice of decision shall contain:

(i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;

(ii) the date the IRO was assigned and date of the IRO's decision;

(iii) references to the documentation/information considered;

(iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;

(v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and

(vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail: [ombudsman@dobi.state.nj.us/](mailto:ombudsman@dobi.state.nj.us/)

## 23.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

**ADOPTED: January 17, 2018**

BY: \_\_\_\_\_

CHAIRPERSON

ATTEST: \_\_\_\_\_

SECRETARY

**RESOLUTION NO. 9-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONERS TO  
THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

**WHEREAS,** The Central Jersey Health Insurance Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

**WHEREAS,** by virtue of the conditions of membership contained in the by-laws of the fund, the Central Jersey Health Insurance Fund must appoint a Fund Commissioner and an Alternate;

**NOW THEREFORE BE IT RESOLVED,** Central Jersey Health Insurance Fund as follows:

1. That \_\_\_\_\_ is hereby appointed as Fund Commissioner.
  
2. That \_\_\_\_\_ is hereby appointed as Alternate.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED JANUARY 17, 2018**

BY: \_\_\_\_\_

CHAIRPERSON

ATTEST:

\_\_\_\_\_  
SECRETARY

**RESOLUTION NO. 10-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO  
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

**WHEREAS,** The Central Jersey Health Insurance Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund through subcontracts with the Program Manager; and

**WHEREAS,** Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

**NOW THEREFORE BE IT RESOLVED,** that the Central Jersey Health Insurance Fund establishes the following producer plan for 2018;

1. The Fund will include producer compensation in each entity’s assessments using the compensation levels as disclosed to and approved by the member entity.
  
2. Each producer shall sub-contract with the Program Manager using the form of contract attached hereto.
  
3. The following sub-producers with the designated compensation levels are approved for 2018:

<b>Group Name</b>	<b>Risk Manager</b>	<b>Dental Per/EE</b>	<b>New Member Per/EE</b>
Brick Township	Fairview Insurance		\$13.46
Englishtown Borough	Danskin Agency	\$5.27	
Borough of West Long Branch	Brown & Brown Metro		\$35.91
Borough of Keyport	Danskin Agency	\$2.28	
Western Monmouth Utilities Authority	Danskin Agency	\$5.26	
Borough of South River	Acrisure, LLC		\$26.96**
Housing Authority of Brick Township	Brown & Brown Metro		\$14.80
Tuckerton Borough School District	Brown & Brown Benefit Advisors		\$57.60

4. This schedule may be amended upon written notification of each listed member entity.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 17, 2018**

**BY: \_\_\_\_\_**  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 11-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
AUTHORIZING COMMISSION TREASURER TO PROCESS  
CONTRACTED PAYMENTS AND EXPENSES**

**WHEREAS**, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Fund Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Commission does not meet; and

**WHEREAS**, payment by the Fund Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

**BE IT RESOLVED** by the Executive Committee of the Central Jersey Health Insurance Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2018.

**BE IT FURTHER RESOLVED** that the Executive Committee of the Central Jersey Health Insurance Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

**ADOPTED** by Central Jersey Health Insurance Fund at a properly noticed meeting held on January 17, 2018.

**ADOPTED: January 17, 2018**

**BY:** \_\_\_\_\_  
**Chairperson**

**ATTEST:**  
  
\_\_\_\_\_  
**Secretary**



**RESOLUTION NO. 12-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ADOPTING 2018 WELLNESS GRANT PROGRAMS**

**WHEREAS**, the Central Jersey Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Commissioners set forth a budget for the Central Jersey Health Insurance Fund members for the year of January 1, 2018 through December 31, 2018. This budget includes \$50,000 for individual member wellness grants;

**WHEREAS**, the Central Jersey Health Insurance Fund Executive Committee requested grant applications from Fund members which were received and reviewed by the Committee and deemed appropriate and within budget;

**WHEREAS**, on January 17, 2018, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs for the following members:

Group Name	Total Census	Biometric Screenings (option 1)	Option 2 (Tavi Challenges)	Option 3 (Wellness Days)	Option 4 - Build own	Wellness Champion Stipend	Total
Montgomery	136				\$10,230.00	\$1,000.00	\$11,230.00
Red Bank	244				\$4,400.00	\$1,000.00	\$5,400.00
Brielle Borough	35	\$875.00				\$1,000.00	\$1,875.00
Bedminster	41	\$1,025.00	\$2,600.00				\$3,625.00
Tuckerton Board of Education	38			\$2,500.00		\$1,000.00	\$3,500.00
<b>Totals</b>	494	<b>\$1,900.00</b>	<b>\$2,600.00</b>	<b>\$2,500.00</b>	<b>\$14,630.00</b>	<b>\$4,000.00</b>	<b>\$25,630.00</b>

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 17, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 13-18**

**RESOLUTION TO RENEW MEMBERSHIP IN THE  
MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

**WHEREAS**, the Municipal Reinsurance Health Insurance Fund has been organized pursuant to N.J.S.A. 40A:10-36, et seq., to provide reinsurance coverage to its member joint insurance funds; and,

**WHEREAS**, the Executive Committee of the Central Jersey Health Insurance Fund has determined that continued membership in the Municipal Reinsurance Health Insurance Fund is in the best interests of the member local units.

**NOW, THEREFORE, BE IT RESOLVED** that the Executive Committee of the Central Jersey Health Insurance Fund do hereby resolve and agree to renew its membership in the Municipal Reinsurance Health Insurance Fund for a period of three (3) years, the commencement of which shall be January 1, 2018.

**BE IT FURTHER RESOLVED** that the this renewal of membership is for the purpose of obtaining coverage for specific and aggregate reinsurance for medical, prescription, dental, and vision coverages and for joint purchase of services.

**BE IT FURTHER RESOLVED** that the Chairman of the Central Jersey Health Insurance Fund is authorized and directed to execute any and all written agreements necessary for membership in the Municipal Reinsurance Health Insurance Fund including, but not limited to, the Indemnity and Trust Agreement in order to implement membership by the Central Jersey Health Insurance Fund in the Municipal Reinsurance Health Insurance Fund according to its Bylaws, Chapter C.372 Laws of 1983 (N.J.S.A. 40A:10-36 et seq.), administrative regulations, and any other statutes or regulations pertaining thereto.

**ADOPTED: JANUARY 17, 2018**

\_\_\_\_\_  
CHAIRMAN

Attest:

\_\_\_\_\_  
SECRETARY

# MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

## INDEMNITY and TRUST AGREEMENT

**THIS AGREEMENT** made this 17<sup>TH</sup> day of January 2018, by and between the Municipal Reinsurance Health Insurance Fund, hereinafter referred to as the "REINSURANCE FUND", and the Central Jersey Health Insurance Fund, hereinafter referred to as the "FUND".

### WITNESSETH:

**WHEREAS**, several local governmental units are desirous of forming a Reinsurance claims joint insurance fund as authorized and described in N.J.S.A. 40A:10-36 et seq., and the administrative regulations promulgated pursuant thereto; and,

**WHEREAS**, the FUND has agreed to become a member of the REINSURANCE FUND and to share in the obligations and benefits flowing from such membership with other members of the REINSURANCE FUND in accordance with and to the extent provided for in the Bylaws of the REINSURANCE FUND, and in consideration of such obligations and benefits to be shared by the membership of the REINSURANCE FUND.

**NOW, THEREFORE**, be it agreed as follows:

- 1.) The FUND accepts the REINSURANCE FUND's Bylaws as approved and adopted and agrees to be bound by and to comply with each and every provision of the said Bylaws, the pertinent statutes and administrative regulations pertaining to same and as set forth in the Risk Management Plan.
- 2.) The FUND agrees to participate in the REINSURANCE FUND with respect to the types of insurance listed in the FUND's Resolution to Join.
- 3.) The FUND agrees to become a member of the REINSURANCE FUND for an initial period not to exceed three (3) years, the commencement of which shall commence effective January 1, 2018.
- 4.) The FUND certifies that it has not defaulted on any claims if self-insured and has not been cancelled for non-payment of insurance premiums for a period of at least two (2) years prior to the date hereof.
- 5.) In consideration of membership in the REINSURANCE FUND, the FUND agrees that it shall jointly and severally assume and discharge the liability of each and every member of the REINSURANCE FUND, all of whom as a condition of membership in the REINSURANCE FUND shall execute a verbatim counterpart of this agreement, and by execution hereof the full faith and credit of the FUND is pledged to the punctual payment of any sum which shall become due to the REINSURANCE FUND in accordance with the Bylaws thereof, this agreement, the REINSURANCE FUND's Risk Management Plan, or any applicable statute.

- 6.) If the REINSURANCE FUND in the enforcement of any part of this agreement shall incur necessary expense, or become obligated to pay attorney's fees and/or court costs, the FUND agrees to reimburse the REINSURANCE FUND for all such reasonable expenses, fees, and costs on demand.
- 7.) The FUND and the REINSURANCE FUND agree that the REINSURANCE FUND shall hold all monies paid by the FUND to the REINSURANCE FUND as fiduciaries for the benefit of REINSURANCE FUND claimants, all in accordance with administrative regulations.
- 8.) The REINSURANCE FUND shall establish a Trust Account entitled "Claims or Loss Retention Fund". The REINSURANCE FUND shall maintain the Trust Account in accordance with N.J.S.A. 40A:10-36 et seq., N.J.S.A. 40A:5-1, and such other regulations or statutes as may be applicable. More specifically, the Trust Account shall be utilized solely for the payment of claims, allocated claim expense, and excess insurance or reinsurance premiums for such risk or liability or as "surplus" as such term is defined by the administrative regulations.
- 9.) Each FUND who shall become a member of the REINSURANCE FUND shall be obligated to execute this agreement.

CENTRAL JERSEY HEALTH INSURANCE FUND

\_\_\_\_\_ Dated: \_\_\_\_\_  
Chairman

Attest:

\_\_\_\_\_ Dated: \_\_\_\_\_  
Secretary

**RESOLUTION NO 14-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
RESOLUTION TO OFFER MEMBERSHIP**

**WHEREAS**, a number of local public entities in the state of New Jersey have joined together to form a Joint Insurance Fund, entitled the Fund, (the "Fund") as permitted by chapter 372 Laws of 1983 (40A: 10-36); and

**WHEREAS**, the Fund held a Public Meeting on **January 17, 2018** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for the Fund and recommends an annual total assessment as presented in detail; and

**WHEREAS**, it appears that the inclusion of Hampton Board of Education in the Fund would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund's By-laws; now, therefore,

**BE IT RESOLVED**, that the Central Jersey Health Insurance Fund hereby offers membership to Hampton Board of Education on or about 3/1/2018 for medical and prescription coverage, contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 15-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE NOVEMBER AND DECEMBER 2017 AND JANUARY 2018 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **January 17, 2018** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of November and December 2017 and January 2018 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of December for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for November and December 2017 and January 2018 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: January 17, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 16-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
MEDICARE TAX REIMBURSEMENT - BRICK TOWNSHIP**

**WHEREAS**, the Central Jersey Health Insurance Fund realized significant savings by transferring its retiree population from the self-insurance prescription plans to a fully insurance Medicare plan;

**WHEREAS**, some retirees were imposed a Medicare contribution tax as a result of this transaction; and

**WHEREAS**, Brick Township reimbursed its retirees for this imposition in the amount of approximately \$1,100 a month;

**NOW, THEREFORE BE IT RESOLVED** that the Executive Committee approved a reimbursement to Brick Township by reducing its prescription EGWP rates by 1.52% in Fund Year 2018.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: March 21, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO 17-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
RESOLUTION TO OFFER MEMBERSHIP**

**WHEREAS**, a number of local public entities in the state of New Jersey have joined together to form a Joint Insurance Fund, entitled the Fund, (the "Fund") as permitted by chapter 372 Laws of 1983 (40A: 10-36); and

**WHEREAS**, the Fund held a Public Meeting on **March 21, 2018** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director and Actuary of the Fund received applications to the Fund for municipalities and school boards and has reviewed the risk, underwriting detail, and actuarial projections for the Fund and recommends an annual total assessment as presented in detail; and

**WHEREAS**, it appears that the inclusion of Highlands Board of Education, the Borough of Barnegat Light and the City of Asbury park in the Fund would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund's By-laws; now, therefore,

**BE IT RESOLVED**, that the Central Jersey Health Insurance Fund hereby offers membership to Highlands Board of Education on or about March 1, 2018 for medical and prescription coverage and the Borough of Barnegat Light and the City of Asbury Park on April 1, 2018.

**ADOPTED: March 21, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
\_\_\_\_\_  
**SECRETARY**



**RESOLUTION NO. 18-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE FEBRUARY 2018 AND MARCH 2018 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **March 21, 2018** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of February and March 2018 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of February for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for February and March 2018 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: March 21, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 19-18**

**CENTRAL JERSEY EMPLOYEE BENEFITS FUND  
CERTIFICATION OF ANNUAL AUDIT REPORT FOR  
PERIOD ENDING DECEMBER 31, 2017**

**WHEREAS**, N.J.S.A. 40A:5-4 requires the governing body of every local unit to have made an annual audit of its books, accounts and financial transactions, and

**WHEREAS**, the Annual Report of Audit for the year 2017 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

**WHEREAS**, the Local Finance Board of the State of New Jersey is authorized to prescribe reports pertaining to the local fiscal affairs, as per R.S. 52:27BB-34, and

**WHEREAS**, the Local Finance Board has promulgated a regulation requiring that the Fund Commissioners of the Fund shall, by resolution, certify to the Local Finance Board of the State of New Jersey that all Fund Commissioners have reviewed, as a minimum, the sections of the annual audit entitled:

General Comments  
and  
Recommendations  
  
and

**WHEREAS**, the Fund Commissioners have personally reviewed, as a minimum, the Annual Report of Audit, and specifically the sections of the Annual Audit entitled:

General Comments  
and  
Recommendations

as evidenced by the group affidavit form of the Fund Commissioners.

**WHEREAS**, such resolution of certification shall be adopted by the Fund Commissioners no later than forty-five days after the receipt of the annual audit, as per the regulations of the Local Finance Board, and

**WHEREAS**, all Fund Commissioners have received and have familiarized themselves with, at least, the minimum requirements of the Local Finance Board of the State of New Jersey, as stated aforesaid and have subscribed to the affidavit, as provided by the Local Finance Board, and

**WHEREAS**, failure to comply with the promulgations of the Local Finance Board of the State of New Jersey may subject the Fund Commissioners to the penalty provisions of R.S. 52:27BB-52 - to wit:

R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local Government Services), under the provisions of this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined not more than one thousand dollars (\$1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

**NOW, THEREFORE, BE IT RESOLVED**, that the Executive Committee hereby states that they have complied with the promulgation of the Local Finance Board of the State of New Jersey, dated July 30, 1968, and does hereby submit a certified copy of this resolution and the required affidavit to said Board to show evidence of said compliance.

**BE IT FURTHER RESOLVED** that the 2016 fund year be and is hereby closed.

**ADOPTED: May16, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 20-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE APRIL 2018 AND MAY 2018 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **May 16, 2018** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of April and May 2018 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of March for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for April and May 2018 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: May 16, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 21-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
RESOLUTION AWARD OF CONTRACT  
EXTRAORDINARY, UNSPECIFIABLE SERVICES**

**WHEREAS**, the Central Jersey Health Insurance Fund (hereinafter “the Fund”) is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

**WHEREAS**, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

**NOW, THEREFORE, BE IT RESOLVED** that the following insurance contracts be awarded for the periods of January 1, 2019 through December 31, 2021:

Fund Administrator  
Fund Program Manager

**BE IT FURTHER RESOLVED** that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

**BE IT FURTHER RESOLVED** that notice of this action shall be advertised in the Fund’s official newspapers in accordance with law and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

**ADOPTED:**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
\_\_\_\_\_  
**SECRETARY**

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Central Jersey Health Insurance Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: July 18, 2018  
SUBJECT: This is a contract for selection of an Executive Director/ Administrator

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: PERMA Risk Management Services, a division of Conner Strong & Buckelew Companies, LLC  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted  
Duration: Three Years (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide administration of the Central Jersey Health Insurance Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day administrative and financial oversight of the Fund. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The current Fund Administrator solicited RFPs using a package approved by the Office of the State Comptroller. The Fund Attorney reviewed the submission for legal compliance. The Fund Contracts Committee evaluated the submissions and determine this proposal created the best opportunity for the Central Jersey Health Insurance Fund to provide administrative needs of the Fund while protecting tax dollars.

**5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Central Jersey Health Insurance Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: July 18, 2018  
SUBJECT: This is a contract for selection of a Program Manager

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Conner Strong & Buckelew Companies, LLC  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted  
Duration: Three Years (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide administration of the Central Jersey Health Insurance Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

The contractor will provide direct benefit management or through the member's broker to include, but not limited to plan design, claim assistance, network assistance and plan cost savings advice. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The current Fund Administrator solicited RFPs using a package approved by the Office of the State Comptroller. The Fund Attorney reviewed the submission for legal compliance. The Fund Contracts Committee evaluated the submissions and determine this proposal created the best opportunity for the Central Jersey Health Insurance Fund to provide administrative needs of the Fund while protecting tax dollars.

**5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)



**RESOLUTION NO. 22-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ADOPTING 2018 WELLNESS GRANT PROGRAM FOR  
TUCKERTON SCHOOL DISTRICT**

**WHEREAS**, the Central Jersey Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Executive Committee set forth a budget for the Fund year of January 1, 2018 through December 31, 2018. This budget includes \$50,000 for individual member wellness grants;

**WHEREAS**, the Tuckerton School District submitted an application for a wellness grant through the Central Jersey Health Insurance Fund which was presented to the Executive Committee at its meeting on July 18, 2018.

**WHEREAS**, the projected program and requested funds in the amount of \$1,000 was deemed appropriate for the objectives of the Fund wellness grant program

**NOW THEREFORE BE IT RESOLVED**, on July 18, 2018 the Executive Committee of the Central Jersey Health Insurance Fund approved Wellness Grant Program for Tuckerton School District in the amount of \$1,000.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: July 18, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 23-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE JUNE 2018 AND JULY 2018 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **July 18, 2018** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of June and July 2018 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of June for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for June and July 2018 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: July 18, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION 24 -18**

**RESOLUTION AUTHORIZING PROFESSIONAL SERVICES FOR ACTUARY, ATTORNEY,  
AUDITOR AND TREASURER**

**WHEREAS**, the Central Jersey Health Insurance Fund (hereinafter the Fund) is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Board of Fund Commissioners has deemed it necessary and appropriate to obtain professional Actuary, Attorney, Auditor and Treasurer services and issued a publicly advertised Request for Proposals for this purpose; and

**WHEREAS**, five proposals were received: Actuarial Solutions (Actuary), Berry, Sahradnik, Kotzas & Benson, PC(Attorney), Bowman & Company (Auditor)Holman, Frenia & Allison(auditor) , Stephen Mayer (Treasurer); and

**WHEREAS**, the Executive Committee has reviewed the submissions in accordance with the advertised evaluation criteria and has determined that Actuarial Solutions, Berry, Sahradnik, Kotzas & Benson PC, Holman Frenia & Allison and Stephen Mayer best meet the advertised criteria and have the requisite experience and qualifications required by the Fund and recommends an award of contract be made to these professionals for a term of one year commencing January 1, 2019 to December 31, 2019; and

**WHEREAS**, Actuarial Solutions is willing and able to provide said services for a term of one year at the annual rate of \$40,500 for 2019; and

**WHEREAS**, Berry, Sahradnik, Kotzas & Benson, PC is willing and able to provide said services for a term of one year at the annual rate of \$35,716 for 2019; , in addition \$125/hourly for any services rendered above and beyond 192 hours during the calendar year; and

**WHEREAS**, Holman Frenia Allison is willing and able to provide said services for a term one year at the annual rate of \$22,900 for 2019; and

**WHEREAS**, Stephen Mayer is willing and able to provide said services for a term of one year at the annual rate of \$12,000 for 2019; and

**WHEREAS**, funding for this purpose will be made available and within future budgets established by the Fund for this purpose; and

**WHEREAS**, these professional services are authorized pursuant to the Local Public Contracts Law, N.J.S.A. 40A:11-5(1)(a)(i); now, therefore

**BE IT RESOLVED** by the Central Jersey Health Insurance Fund that, contingent upon the funding as described herein, the proper Fund officials be and are hereby authorized to execute all

documents necessary to affect an agreement with Actuarial Solutions, Berry Sahradnik, Kotzas & Benson PC, Holman Frenia Allison and Stephen Mayer and

**BE IT FURTHER RESOLVED** that notice of this action shall be advertised in the Fund's official newspapers in accordance with law and that notice of this action along with a completed contract shall be filed with the New Jersey Department of Banking and Insurance and the New Jersey Department of Community Affairs.

**ADOPTED: September 12, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 25-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
INTRODUCTION OF THE 2019 PROPOSED BUDGET**

**WHEREAS**, The Central Jersey Health Insurance Fund is required under State regulation to adopt an annual budget in accordance with the Fiscal Affairs Law; and

**WHEREAS**, a quorum of the Executive Committee met on September 12, 2018 in Public Session to introduce the proposed budget for the 2019 Fund Year; and

**BE IT FURTHER RESOLVED** that a hearing on the 2019 budget in the amount of \$40,572,954 shall be held at the Fund's regularly scheduled and advertised meeting of October 17, 2018 to be held at the Brielle Borough Hall at 1:30 pm. The 2019 budget shall be considered for adoption at a second reading at that time and after the completion of a public hearing.

**BE IT FURTHER RESOLVED** that copies of this resolution shall be sent to each Commissioner, Risk Manager, and Governing Body, the New Jersey Department of Banking and Insurance, and the New Jersey Department of Community Affairs.

**ADOPTED: September 12, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 26-18**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE AUGUST 2018 AND SEPTEMBER 2018 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **September 12, 2018** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of August and September 2018 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of June for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List and any Supplemental Bills Lists for August and September 2018 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: September 12, 2018**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**