CENTRAL JERSEY HEALTH INSURANCE FUND
BILLS LIST

Confirmation of Payment **NOVEMBER 2017**

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2017

CheckNumber	VendorName	Comment	InvoiceAmount
000981			
000981	AETNA HEALTH MANAGEMENT LLC	ACCT: AE461314-0001 - 11/2017	91,321.10
			91,321.10
000982			
000982	QUALCARE, INC.	TPA FEE 11/2017	8,871.30
000982	QUALCARE, INC.	COST CONTAINMENT - 10/2017	2,346.46
			11,217.76
000983			
000983	AETNA LIFE INSURANCE COMPANY	ACCT: PSUID 31714 BP 1001 - 11/2017	51,679.24
			51,679.24
000984			
000984	AMERIHEALTH ADMINISTRATORS	TPA FEE 11/2017	840.00
			840.00
000985			
000985	DELTA DENTAL OF NEW JERSEY INC	DENTAL FEE 11/2017 - GRP 3601	5,301.00
			5,301.00
000986			
000986	PERMA RISK MANAGEMENT SERVICES	POSTAGE FEE 10/2017	225.35
000986	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR FEE 11/2017	25,039.85
			25,265.20
000987			
000987	JOHN C. SAHRADNIK	ATTORNEY FEE 11/2017	2,918.00
			2,918.00
000988			
000988	HOLMAN, FRENIA, ALLISON, P.C.	AUDITOR FEE 1/31/2017	1,833.33
			1,833.33
000989			
000989	STEPHEN MAYER	TREASURER FEE 11/2017	962.00
			962.00
000990			

000990	MONTGOMERY TOWNSHIP	REIMBURSE - EXPENSES RELATED TO WELLNESS	4,650.00
			4,650.00
000991			
000991	OSCAR A. SALINAS GARCIA	WELLNESS PROGRAM COORDINATOR 2017	1,000.00
			1,000.00
000992			
000992	ASBURY PARK PRESS	ACCT: ASB-128965 - 10/21/2017 - BUDGET	61.40
			61.40
000993			
000993	MEDICAL EVALUATION SPECIALISTS	MES #31817090542 - 7/10/2017	250.00
			250.00
000994			
000994	ALLSTATE INFORMATION MANAGEMNT	ACCT: 420 - ACT & STOR 10/31/2017	51.66
000994	ALLSTATE INFORMATION MANAGEMNT	ACCT: 420 - ACT & STOR 9/30/17	51.66
			103.32
000995			
000995	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEE 11/2017	43,555.18
000995	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS - 11/2017	1,250.00
000995	CONNER STRONG & BUCKELEW	DENTAL COMMISSION - 11/2017	393.80
000995	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 11/2017	1,025.88
000995	CONNER STRONG & BUCKELEW	NEW MUMBER COMMISSION - 11/2017	17,467.86
			63,692.72
000996			
000996	RED BANK, BOROUGH	WELLNESS - JUN & JUL 2017	3,627.37
			3,627.37
000997			
000997	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE - 11/2017	92,022.22
000997	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE REINSURANCE - 11/2017	7,208.00
			99,230.22
000998			
000998	STANDARD SECURITY LIFE	SPECIFIC REINSURANCE- 11/2017 - SINGLE	5,420.92
000998	STANDARD SECURITY LIFE	AGGREGATE REINSURANCE - 11/2017	4,509.74
000998	STANDARD SECURITY LIFE	SPECIFIC REINSURANCE - 11/2017 - FAMILY	32,630.60
			42,561.26
		Total Payments 2017	406,513.92

TOTAL PAYMENTS ALL FUND YEARS $ 406,513.92

_____
Chairperson

Attest:
_____ Dated:_____
I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

_____
Treasurer

CENTRAL JERSEY HEALTH INSURANCE FUND
BILLS LIST

Confirmation of Payment **DECEMBER 2017**

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2017

CheckNumber	VendorName	Comment	InvoiceAmount
000999			
000999	AETNA HEALTH MANAGEMENT LLC	AE461314-0001 - 12/2017	92,614.60
			92,614.60
001000			
001000	QUALCARE, INC.	TPA FEE 12/2017	8,661.55
			8,661.55
001001			
001001	AETNA LIFE INSURANCE COMPANY	PSUID 31714 BP 1001 - 12/2017	52,346.40
			52,346.40
001002			
001002	AMERIHEALTH ADMINISTRATORS	TPA FEE 12/2017	840.00
			840.00
001003			
001003	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 12/2017 - GRP 3601	5,297.90
			5,297.90
001004			
001004	PERMA RISK MANAGEMENT SERVICES	POSTAGE FEE 11/2017	430.04
001004	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR FEE 12/2017	25,142.93
			25,572.97
001005			
001005	JOHN C. SAHRADNIK	ATTORNEY FEE 12/2017	2,918.00
			2,918.00
001006			
001006	HOLMAN, FRENIA, ALLISON, P.C.	AUDITOR FEE 11/30/2017/CLNT: 40	1,833.33
			1,833.33
001007			
001007	STEPHEN MAYER	TREASURER FEE 12/2017	962.00
			962.00
001008			
001008	ALLSTATE INFORMATION MANAGEMNT	ACCT: 420 - ACT & STOR - 11/30/2017	51.66
			51.66
001009			
001009	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEE 12/2017	43,856.85
001009	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS - 12/2017	1,250.00
001009	CONNER STRONG & BUCKELEW	DENTAL COMMISSION - 12/2017	393.81
001009	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 12/2017	1,032.52
001009	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION - 12/2017	17,714.85
			64,248.03
001010			

001010	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE - 12/2017	92,131.64
001010	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE REINSURANCE - 12/2017	7,233.50
			99,365.14
001011			
001011	STANDARD SECURITY LIFE	SPECIFIC REINSURANCE - 12/2017 - SINGLE	5,696.56
001011	STANDARD SECURITY LIFE	AGGREGATE REINSURANCE - 12/2017	4,598.34
001011	STANDARD SECURITY LIFE	SPECIFIC REINSURANCE - 12/2017 - FAMILY	32,748.40
			43,043.30
		Total Payments 2017	397,754.88

TOTAL PAYMENTS ALL FUND YEARS $ 397,754.88

_____
Chairperson

Attest:
_____ Dated:_____
I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

_____
Treasurer

RESOLUTION NO. 1-18

CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING
PROFESSIONALS AND AWARDING 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 Acturary.** 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 be 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)

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)

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:

DATE	**LOCATION**
March 21	Brielle Borough Hall
May 16	Brielle Borough Hall
July 18	Brielle Borough Hall
September 12	Brielle Borough Hall ** 2nd Wednesday
October 17	Brielle Borough Hall
November 14	Atlantic City Sheraton** 2nd 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:

_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

RESOLUTION NO. 6-18

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

RESOLUTION NO. 7-18

CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS

BE IT RESOLVED by the Central Jersey Health Insurance Fund that all funds of the Central Jersey Health Insurance Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

Thomas Nolan - Chairperson

William Rieker - Secretary

Stephen Mayer - Treasurer

ADOPTED: January 17, 2018

BY:_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

RESOLUTION NO. 8-18

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 – <u>For all members with such coverage except Lakewood Township:</u>

- 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 met 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://wwww.state.nj.us/dobi/consumer.htm e-mail: 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:_____ **ATTEST:**_____

CHAIRPERSON **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:

Group Name	Risk Manager	Dental Per/EE	New Member Per/EE
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
Totals	494	**$1,900.00**	**$2,600.00**	**$2,500.00**	**$14,630.00**	**$4,000.00**	**$25,630.00**

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 17TH 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