

**CENTRAL JERSEY HEALTH INSURANCE FUND  
SUPPLEMENTAL BILLS LIST**

**Confirmation of Payment**

**JULY 2013**

**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 2012**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
<b>000160</b>			
000160	DEPARTMENT OF THE TREASURY	FORM 720 - TAX YEAR 2012 - ID 22-3164431	5,543.00
			<b>5,543.00</b>
		Total Payments FY 2012	5,543.00

**TOTAL PAYMENTS ALL FUND YEARS \$ 5,543.00**

\_\_\_\_\_  
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 Payments**

**AUGUST 2013**

**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 2013**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
<b>000161</b>			
000161	QUALCARE, INC.	TPA FEE 08/2013	20,729.64
			<b>20,729.64</b>
<b>000162</b>			
000162	AETNA	TPA FEE 08/2013 - SI 362223	44,408.70
000162	AETNA	MEDICARE ADVANTAGE - 08/2013 - SI 362223	37,255.40
			<b>81,664.10</b>
<b>000163</b>			
000163	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 08/2013 - GRP 3601	4,572.00
			<b>4,572.00</b>
<b>000164</b>			
000164	PERMA	POSTAGE FEE 07/2013	124.66
000164	PERMA	ADMIN - MEDICARE PART D - 08/2013	693.21
000164	PERMA	COBRA ADMIN - 08/2013	1,394.94
000164	PERMA	EXECUTIVE DIRECTOR FEE 08/2013	15,587.56
000164	PERMA	GASB 45 AUDITS - 08/2013	867.00
			<b>18,667.37</b>
<b>000165</b>			
000165	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 08/2013	2,861.00
			<b>2,861.00</b>
<b>000166</b>			
000166	HOLMAN & FRENIA, P.C.	AUDITOR FEE 07/31/2013	1,813.00
			<b>1,813.00</b>
<b>000167</b>			
000167	STEPHEN MAYER	TREASURER FEE 08/2013	925.00
			<b>925.00</b>
<b>000168</b>			
000168	ALLSTATE INFORMATION MANAGEMNT	DEPT: 420 - ACT & STOR 06/30/2013	37.52
			<b>37.52</b>
<b>000169</b>			
000169	IMEDECS, INC.	PROFESSIONAL SERVICES - 6/30/13	425.00
			<b>425.00</b>
<b>000170</b>			
000170	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEE 08/2013	36,504.18
000170	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION - 08/2013	5,214.00
000170	CONNER STRONG & BUCKELEW	DENTAL COMMISSION - 08/2013	159.18
000170	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 08/2013	1,241.48

<b>000171</b>			<b>43,118.84</b>
000171	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 08/2013	142,861.04
000171	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE REINSURANCE - 08/2013	8,279.00
			<b>151,140.04</b>
		Total Payments FY 2013	325,953.51

**TOTAL PAYMENTS ALL FUND YEARS \$ 325,953.51**

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer

