RESOLUTION NO. 2-15

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2015

BE IT RESOLVED by the Executive Committee of the Southern New Jersey Regional Employee Benefits 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 16, Parsippany, NJ 07054, for the year 2015 or until its successor has be appointed and qualified.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 26, 2015

BY:____
CHAIRPERSON

ATTEST:

____ **SECRETARY**

RESOLUTION NO. 3-15

RESOLUTION OF THE SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND DESIGNATING CUSTODIAN OF FUND RECORDS

BE IT RESOLVED that ______________________________, the Secretary of the Southern New Jersey Regional Employee Benefits 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 16, Parsippany, NJ 07054

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 26, 2015

BY:____

CHAIRPERSON

ATTEST:

____

SECRETARY

RESOLUTION NO. 4-15

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE BURLINGTON COUNTY TIMES AND THE COURIER POST
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2015

BE IT RESOLVED by the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund that the Burlington County Times and The Courier Post are hereby designated as the official newspapers for the Southern New Jersey Regional Employee Benefits Fund for the year 2015 and that all official notices required to be published shall be published in the Burlington County Times, The Courier Post and the Fund Website (www.snjrebf.com)

BE IT FURTHER RESOLVED that in the case of special meetings or emergency meetings, the Secretary of the Southern New Jersey Regional Employee Benefits Fund shall give notice of said meetings to the Burlington County Times, the Courier Post and the Fund Website (www.snjrebf.com)

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 26, 2015

BY:______________________________________
CHAIRPERSON

ATTEST:

____

SECRETARY

RESOLUTION NO. 5-15

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2015

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 Southern New Jersey Regional Employee Benefits Fund that the Fund shall hold public meetings during the year 2015 at the following rotating locations:

February 23, 2015	Collingswood Senior Comm. Center	6:15 PM
March 23, 2015	Lindenwold Borough	6:15 PM
April 27, 2015	Cherry Hill Fire District	6:15 PM
May 26, 2015 (Tues)	Gloucester City Community Center	6:15 PM
June 22, 2015	Haddonfield Borough	6:15 PM
July 27, 2015	Pine Hill Borough	6:15 PM
August 24, 2015	Barrington Borough	6:15 PM
September 28, 2015	Bellmawr Borough	6:15 PM
October 26, 2015	Collingswood Senior Comm. Center	6:15 PM
November 23, 2015	Brooklawn Senior Comm. Center	6:15 PM
January 25, 2016	Berlin Community Center	6:15 PM

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Burlington County Times, the Courier Post and listed on the Fund Website (www.snjrebf.com)

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 26, 2015

BY:____

CHAIRPERSON

ATTEST:

____

SECRETARY

RESOLUTION NO. 6-15

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING 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.

ADOPTED: JANUARY 26, 2015

BY:____

CHAIRPERSON

ATTEST:

____

SECRETARY

RESOLUTION NO. 7-15

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS

BE IT RESOLVED by the Southern New Jersey Regional Employee Benefits Fund that all funds of the Southern New Jersey Regional Employee Benefits 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.

Michael Mevoli	- Chairman
Joseph Wolk	- Secretary
Terry Shannon	- Fund Commissioner
Richard Schwab	- Treasurer

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 26, 2015

BY:____
CHAIRPERSON

ATTEST:

____

SECRETARY

RESOLUTION NO. 8-15

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
2015 RISK MANAGEMENT PLAN

NOW, THEREFORE, BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2015 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, a core PPO program, and a buy up PPO program, an HMO program and a Consumer Directed Health Plan. Effective in 2013, the Fund also began offering Medicare Advantage programs.

- 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 and plan design.

3.) RISK RETAINED BY THE FUND

SNJ Members, Including SAIF and Coastal Subgroup Members - Medical and Prescription

Specific Retention: $300,000

Aggregate Retention: $160,668,096 (124.9% of budgeted claims)

Dental Aggregate Retention: Self insured with risk retained by Fund, stop loss or reinsurance not procured

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs as of the end of each Fund year. 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 then adjusted at the end of each quarter in accordance with the actuary's projections.

5.) 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 employee 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 participants (COBRA, Conversion, Dependents to Age 31 and some retirees) are billed directly by the Fund.

Members that renew on January 1 have the option of taking a payment deferment by paying their December assessment in the subsequent month of January. Members that renew on July 1 have the option of taking a payment deferment by paying their June assessment in the subsequent month of July. Members that choose to take such deferments shall advise the Fund Executive Director's office in writing at least one month prior to taking the deferment.

6.) 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 enrolled 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.

7.) 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 either the Fund's base rates or to the rates being paid by the entity. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

To manage potential volatility that could result from rapid growth, the Fund limits growth in medical membership to 20% of medical enrollment per year from 2013 resulting in targeted growth for 2015 not to exceed 10,860 contracts.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The adjustment reflects the overall cash flow needs of the Fund, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The Fund may implement individual entity loss ratio adjustments based upon recommendations from the Fund actuary. 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. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for the other lines of coverage may be adjusted and the member shall not be eligible for membership in the dropped line of coverage for a three year period. Loss experience data 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 from Fund members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the Fund or its vendors for data extraction and formatting costs.

8.) 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). Some school entities in the Coastal subgroup have a rating period coinciding with the Fund year.

9.) 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.

10.) 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.

11.) 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.

12.) 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.

13.) DISCLOSURE OF BENEFIT LIMITS

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

14.) 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.

15.) RETIREES

The Fund duplicates coverage for eligible 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.

16.) 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)."

17.) 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 are 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.

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately 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. The Fund has determined that maintaining and retaining a surplus equal to two (2) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations. A member entity will be eligible to participate in the dividend provided that its pro rata share of the Fund's surplus account is greater than two (2) months of said member entity's projected claims expense (the "retention amount") and shall be paid from amounts in excess of the established retention amount.

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.

19.) "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.

20.) 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.

21.) AUTHORITY OF CLAIM APPEAL COMMITTEE AND INDEPENDENT REVIEW ORGANIZATIONS

- The TPA shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.

- The TPA shall provide the Program Manager, Executive Director and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.

- The TPA, Program Manager, Executive Director and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is

  - (a) In an amount not greater than $5,000.00 and/or

  - (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant.

- If the decision of the TPA, Program Manager, Executive Director and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.

- The Executive Committee of the Fund shall formally confirm the decision of the TPA, Program Manager, Executive Director and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Executive Committee.

- If the decision of the TPA, Program Manager, Executive Director and Fund Attorney is to deny the 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 the 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 by the IRO if (if) 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 or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. 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/

22.) SAIF AND COASTAL SUBGROUPS

Members of the Fund from Hunterdon, Mercer, Somerset, Sussex and Warren Counties are members of the SAIF subgroup. Once the SAIF subgroup members have achieved a critical mass of enrollees and mature claims experience, it is the intent for the subgroup to become an independent fund. Until then, the group shares the indemnification and membership status of other Fund members.

Members of the Fund from Atlantic, Salem, Cape May, and Cumberland Counties are members of the Southern Coastal Subgroup. While these members were indemnified separately in 2011, they share the indemnification and membership status of other Fund members in 2012, 2013, 2014 and 2015.

Members of both subgroups are encouraged to meet on their own in an advisory capacity to develop programs and consensus on the unique needs of each subgroup's members. They are also encouraged to participate actively in the governance of the Fund both to assure representation of the subgroups and for the benefit of all Fund members.

23) 2012 SUPPLEMENTAL ASSESSMENT AND TERMINAL LIABILITY DECLARATION

Effective January 1, 2015, the $18 million "terminal liability" declaration as part of the supplemental assessment process was eliminated. If a member leaves and still owes a portion of the $6 million supplemental assessment,

that would still be payable upon termination. Members that left the Fund and paid the terminal liability amount are entitled to a rebate which will be paid on or about 7/1/2015.

24) DESIGNATING DENTAL - CLAIM RESOLUTION & CHECK ISSUANCE PROCEDURE

Delta Dental shall issue checks for the payment of dental claims in the amount of $0 to $5,000 on the adjudication and signature solely of duly authorized Delta Dental personnel.

All claims in excess of $5,000 shall require the approval, at a regularly scheduled meeting, of the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund after obtaining appropriate certifications and making such other inquiries as are reasonable. Checks issued pursuant to any such approval shall be countersigned by a duly authorized representative of the Program Manager.

The terms "claims" as herein utilized shall refer to the issuance of any particular check, provided however that no bills shall be split for the purpose of avoiding the requirements hereof.

In addition to the claim payment procedure, Delta Dental shall also notify the Executive Committee in writing whenever the cumulative payments to any covered person for a single illness or injury (including related illnesses and injuries) exceeds $30,000.

ADOPTED:

BY:____

CHAIRPERSON

ATTEST:____

SECRETARY

RESOLUTION NO. 9-15

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONER TO THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

WHEREAS, The Southern New Jersey Regional Employee Benefits 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 Southern New Jersey Regional Employee Benefits Fund must appoint a Fund Commissioner, and an Alternate;

NOW THEREFORE BE IT RESOLVED, Southern New Jersey Regional Employee Benefits Fund as follows:

1. That ______________________ is hereby appointed as Fund Commissioner.
2. That ______________________ is hereby appointed as Alternate.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 26, 2015

BY:____

CHAIRPERSON

ATTEST:

____

SECRETARY

RESOLUTION NO. 10-15

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

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

WHEREAS, The Southern New Jersey Regional Employee Benefits 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 Southern New Jersey Regional Employee Benefits Fund establishes the following producer plan for 2015;

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 2015:

Member Name	Broker	2015 Broker Fees (pepm)		
		Jan- Dec	Jan - June	June - Dec
TOWNSHIP OF BORDENTOWN	Model Consulting Inc.	$27.29		
SOUTH HARRISON TWP BOE	Conner Strong & Buckelew		$12.43	$13.12
BOROUGH OF PAULSBORO	Steve Anuszewski Financial Services	$62.69		
MT. HOLLY TWP. BOE	Conner Strong & Buckelew		$24.16	$24.64
EDUCATIONAL INFORMATION & RESOURC	Conner Strong & Buckelew		$10.36	$11.14
WOODBURY HTS BOE	Conner Strong & Buckelew		$10.68	$10.89
NORTH HANOVER TWP	EJA Capacity	$2.91		
MT. HOLLY MUNICIPAL UTILITIES AUTHO	EJA Capacity	$61.79		
TABERNACLE BOE	Allen Associates		$50.25	$53.33
LOGAN TWP BOE	J Cobb Insurance Group LLC		$53.32	$53.16
FLORENCE BOE	Allen Associates		$49.58	$51.15
MEDFORD BOE	Allen Associates		$48.18	$49.47
BERLIN BOROUGH BOE	Conner Strong & Buckelew		$21.38	$22.35
MANTUA TWP BOE	Hardenbergh Insurance Group		$45.39	$48.94
CITY OF BURLINGTON BOE	Cherry Hill Benefits Group		$21.23	$22.91
BOROUGH OF WESTVILLE	Hardenbergh Insurance Group	$36.76		
FRANKLIN TWP	Marsh & McLennan	$42.47		
ALEXANDRIA TWP BOARD OF EDUCATION	BROWN AND BROWN		$37.18	$36.95
BYRAM TWP BOE	Integrity		$0.00	$25.87
HARDYSTON TWP BOE	Bollinger Insurance		$24.48	$24.98
		Broker Fee	Subgroup Coordinator Fee	
RIVERSIDE TOWNSHIP BOE	The Lance Group	$20.18	$20.18	
TOWNSHIP OF RIVERSIDE	The Lance Group	$19.69	$19.69	
BURLINGTON TWP. BOE	The Lance Group	$19.31	$19.31	
CINNAMINSON TWP BOE	The Lance Group	$19.96	$19.96	
SOUTHAMPTON TWP BOE	The Lance Group	$19.89	$19.89	
MEDFORD LAKES BOE	The Lance Group	$20.13	$20.13	

COASTAL FUND

Group Name	Broker Rates	FUND Coordinator Rates
CUMBERLAND REGIONAL BOE	$22.82	$22.63
COMMERCIAL TOWNSHIP BOE	$22.48	$22.29
CUMBERLAND COUNTY TECHNICAL I	$20.43	$20.26
HOPEWELL BOE	$23.74	$23.54
MILLVILLE BOE	$22.57	$22.38
UPPER DEERFIELD BOE	$24.14	$23.94
WOODSTOWN BOROUGH	$12.71	$18.94
MILLVILLE LIBRARY	$15.25	$15.12
Bridgeton BOE	$24.59	$24.38
Middle Township	$17.23	$17.09
Millville Public Charter School	-	$16.71
Vineland Public Charter School	$27.15	$27.65
Lower Cape May Regional School Di	$31.38	$31.38
Buena Regional BOE	$27.80	$27.80

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 26, 2015

BY:____

CHAIRPERSON

ATTEST:

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SECRETARY

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND
BILLS LIST

Confirmation of Payment DECEMBER 2014

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

BE IT RESOLVED that the Southern NJ Regional Employee Benefit 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 2014

CheckNumber	VendorName	Comment	InvoiceAmount
W1212			
W1212	PAY.GOV	TRANSITIONAL REINS PROG'14 SOUTHRN/COAST	1,326,969.00
			1,326,969.00
006204			
006204	PERMA	**VOIDED**	9196.86-
006204	PERMA	**VOIDED**	642.51-
006204	PERMA	**VOIDED**	201.88-
006204	PERMA	**VOIDED**	701.13-
006204	PERMA	**VOIDED**	121.72-
006204	PERMA	**VOIDED**	155.28-
006204	PERMA	**VOIDED**	4578.15-
006204	PERMA	**VOIDED**	3823.00-
006204	PERMA	**VOIDED**	1486.00-
006204	PERMA	**VOIDED**	1761.18-

006204	PERMA	**VOIDED**	44986.63-
006204	PERMA	**VOIDED**	807.50-
006204	PERMA	**VOIDED**	57.00-
			68,518.84-
006273			
006273	AETNA - MEDICARE ADVANTAGE	MEDICARE ADVANTAGE - 12/2014 - COASTAL	14,688.00
006273	AETNA - MEDICARE ADVANTAGE	MEDICARE ADVANTAGE - 12/2014	46,510.29
			61,198.29
006274			
006274	FLAGSHIP HEALTH SYSTEMS	DENTAL - 12/2014	3,070.43
			3,070.43
006275			
006275	EXPRESS SCRIPTS, INC.	OCTOBER - CLINICAL PROGRAM - K6FA	266.06
006275	EXPRESS SCRIPTS, INC.	OCTOBER - CLINICAL PROGRAM - K8CA	265.43
006275	EXPRESS SCRIPTS, INC.	OCTOBER CLINICAL PROGRAM NJRA GRP A4S	3,203.20
006275	EXPRESS SCRIPTS, INC.	OCTOBER CLINICAL PROGRAM NJRA GRP YNK	203.32
006275	EXPRESS SCRIPTS, INC.	SEPTEMBER CLINICAL PROGRAM NJRA GRP A4S	1,906.18
006275	EXPRESS SCRIPTS, INC.	SEPTEMBER - CLINICAL PROGRAM - K6FA	271.38
006275	EXPRESS SCRIPTS, INC.	SEPTEMBER CLINICAL PROGRAM NJRA GRP YNK	119.15
006275	EXPRESS SCRIPTS, INC.	SEPTEMBER - CLINICAL PROGRAM - K8CA	268.28
			6,503.00
006276			
006276	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 12/2014 - GRP 9458-01	75.00
006276	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 12/2014 - GRP 3603	9,705.10
			9,780.10
006277			
006277	VISION SERVICES PLAN	DMO CLAIMS - SEPT - DEC 2014	3,397.32
			3,397.32
006278			
006278	AETNA, INC.	TPA FEE 12/2014 - COASTAL	88,797.95
006278	AETNA, INC.	TPA FEE 12/2014	230,952.35
			319,750.30

006279			
006279	AMERIHEALTH NJ	TPA FEE 12/2014	25,500.78
			25,500.78
006280			
006280	AMERIHEALTH ADMINISTRATORS	TPA FEE 12/2014 - COASTAL	18,320.72
006280	AMERIHEALTH ADMINISTRATORS	TPA FEE 12/2014	19,423.80
			37,744.52
006281			
006281	PERMA	MEDICAL - 09/2014 - COASTAL	9,196.86
006281	PERMA	ADMIN-MEDICARE PART D - 09/2014	642.51
006281	PERMA	ADMIN-MEDICARE PART D - 12/2014	642.51
006281	PERMA	MEDICAL - 12/2014 - COASTAL	9,303.65
006281	PERMA	HIPAA COMPLIANCE - 12/2014	701.13
006281	PERMA	INTERNET DOCUMENTAION - 12/2014	201.88
006281	PERMA	INTERNAL DOCUMENTATION - 09/2014	201.88
006281	PERMA	HIPAA COMPLIANCE - 09/2014	701.13
006281	PERMA	UNPAID ADMIN FEE FOR 09/2014	55,740.80
006281	PERMA	RX - 12/2014 - COASTAL	163.46
006281	PERMA	UNPAID ADMIN FEE FOR 09/2014 -COASTAL	12,656.32
006281	PERMA	POSTAGE FEE 08/2014	121.72
006281	PERMA	POSTAGE FEE 12/2014	283.27
006281	PERMA	RX FEE 09/2014 - COASTAL	155.28
006281	PERMA	COBRA ADMIN - 09/2014	4,578.15
006281	PERMA	DATA MANAGEMENT SYSTEM - 09/2014	3,823.00
006281	PERMA	COBRA ADMIN - 12/2014 - COASTAL	1,781.61
006281	PERMA	DATA MANAGEMENT SYSTEM - 9/14 - COASTAL	1,486.00
006281	PERMA	DATA MANAGEMENT SYSTEM - 12/2014	-19,115.00
006281	PERMA	COBRA - 09/2014 - COASTAL	1,761.18
006281	PERMA	COBRA ADMIN - 12/2014	4,606.77
006281	PERMA	GASB 45 AUDIT - 12/2014	807.50
006281	PERMA	EXECUTIVE DIRECTOR FEE 12/2014	45,299.76
006281	PERMA	EXECUTIVE DIRECTOR FEE 09/2014	44,986.63
006281	PERMA	GASB 45 AUDITS - 09/2014	807.50

006281	PERMA	DATA MANAGEMENT SYSTEM - 12/14 - COASTAL	-7,430.00
006281	PERMA	DENTAL - 09/2014 - COASTAL	57.00
006281	PERMA	DENTAL - 12/2014 - COASTAL	67.84
			174,230.34
006282			
006282	ALLEN ASSOCIATES	FUND COORDINATOR - 12/2014	44,232.82
006282	ALLEN ASSOCIATES	BROKER - 12/2014	44,131.15
			88,363.97
006283			
006283	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEE 12/2014 - COASTAL	2,167.67
006283	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEE 12/2014	3,611.67
			5,779.34
006284			
006284	RICHARD SCHWAB	TREASURER FEE 12/2014 - COASTAL	1,009.70
006284	RICHARD SCHWAB	TREASURER FEE 12/2014	1,482.58
			2,492.28
006285			
006285	THE LANCE GROUP	FUND COORDINATOR - 11/2014	20,207.10
006285	THE LANCE GROUP	FUND COORDINATOR - 12/2014	19,724.60
			39,931.70
006286			
006286	COURIER POST	ACCT CHL-079881 - 12/04/14 - BUDGET	47.10
			47.10
006287			
006287	IMEDECS	PROFESSIONAL SERVICES - 11/12/14	425.00
			425.00
006288			
006288	CONNER STRONG & BUCKELEW	MEDICAL - 12/2014 - COASTAL	21,377.22
006288	CONNER STRONG & BUCKELEW	RX - 12/2014	14,522.75
006288	CONNER STRONG & BUCKELEW	MEDICAL - 12/2014	102,482.78
006288	CONNER STRONG & BUCKELEW	WELLNESS EXPENSE FIT BITS - BLACK HORSE	157.26

006288	CONNER STRONG & BUCKELEW	RX 12/2014 - COASTAL	192.45
006288	CONNER STRONG & BUCKELEW	BROKER FEE 12/2014	93,633.00
006288	CONNER STRONG & BUCKELEW	DENTAL - 12/2014	7,627.25
006288	CONNER STRONG & BUCKELEW	DENTAL - 12/2014 - COASTAL	31.98
006288	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 12/2014 - COASTAL	395.05
006288	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 12/14	1,780.18
			242,199.92
006289			
006289	ALLSTATE INFORMATION MANAGEMNT	DEPT: 419 - ACT & STOR - 11/30/2014	55.10
			55.10
006290			
006290	BELLMAWR BOROUGH	REIMBURSE FOR HIF DINNER MTG 9/22/14	203.81
			203.81
006291			
006291	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE - 12/14 - COASTAL	112,296.69
006291	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE - 12/2014	285,947.70
006291	MUNICIPAL REINSURANCE HIF	AGGREGATE REINSURANCE - 12/2014	24,548.00
006291	MUNICIPAL REINSURANCE HIF	AGGREGATE REINSURANCE - 12/14 - COASTAL	9,401.00
			432,193.39
		Total Payments FY2014 2,711,316.85	

TOTAL PAYMENTS ALL FUND YEARS $2,711,316.85

Chairperson

Attest:

_________________________________ Dated:____________________________

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

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Treasurer