

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

Confirmation of Payment

NOVEMBER 2016

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

BE IT RESOLVED that the Southern Coastal Regional Employee Benefits 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 2016

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001119			
001119	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE - 11/2016	17,441.16
			17,441.16
001120			
001120	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 11/2016 - GRP COASTAL	498.78
			498.78
001121			
001121	AETNA LIFE INSURANCE COMPANY	PSIUD 93791981 BP 1001 - 11/2016	98,071.00
			98,071.00
001122			
001122	AMERIHEALTH ADMINISTRATORS	TPA FEE 11/2016	34,020.00
			34,020.00
001123			
001123	PERMA	POSTAGE FEE 10/2016	21.06
001123	PERMA	EXECUTIVE DIRECTOR FEE 11/2016	52,838.72
			52,859.78
001124			
001124	ALLEN ASSOCIATES	FUND COORDINATOR - 11/2016	77,653.15
001124	ALLEN ASSOCIATES	BROKER FEE 11/2016	77,979.10
			155,632.25
001125			
001125	J. KENNETH HARRIS, ATTY AT LAW	FUND ATTORNEY SERVICE 11/2016	2,255.25
			2,255.25
001126			
001126	VERRILL & VERRILL, LLC	TREASURER FEE 11/2016	907.35
			907.35
001127			
001127	MICHAEL S. ZAMBITO	TREASURER FEE 11/2016	604.90
			604.90
001128			
001128	ALLSTATE INFORMATION MANAGEMNT	ACCT: 963 - ACT & STOR 10/31/2016	0.47
			0.47
001129			
001129	MEDICAL EVALUATION SPECIALISTS	MES #31816132838 - 10/7/2016	530.00
			530.00
001130			
001130	THE PRESS OF ATLANTIC CITY	ACCT: 193101 - 9/22/16 - MTG	13.77
001130	THE PRESS OF ATLANTIC CITY	ACCT: 8006196 - 11/14/16 - BDGT ADOPT	38.75
001130	THE PRESS OF ATLANTIC CITY	ACCT: 193101 - 9/10/16 - PUBL MTG	10.20
			62.72
001131			
001131	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE - 11/2016	165,321.02

001131

MUNICIPAL REINSURANCE HIF

AGGREGATE REINSURANCE - 11/2016

12,214.50

177,535.52

Total Payments FY2016

540,419.18

TOTAL PAYMENTS ALL FUND YEARS \$ 540,419.18

Chairperson

Attest:

Dated: _____

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

Treasurer

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

Confirmation of Payment

DECEMBER 2016

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

BE IT RESOLVED that the Southern Coastal Regional Employee Benefits 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 2016

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001132			
001132	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE - 12/2016 - COASTAL	16,485.48
			16,485.48
001133			
001133	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 12/2016 - GRP COASTAL	498.78
			498.78
001134			
001134	AETNA LIFE INSURANCE COMPANY	PSIUD 93791981 BP 1001 - 12/2016	98,702.15
			98,702.15
001135			
001135	AMERIHEALTH ADMINISTRATORS	TPA FEE 12/2016	34,272.00
			34,272.00
001136			
001136	PERMA	POSTAGE FEE 11/2016	9.50
001136	PERMA	EXECUTIVE DIRECTOR FEE 12/2016	47,187.52
			47,197.02
001137			
001137	ALLEN ASSOCIATES	FUND COORDINATOR - 12/2016	75,139.66
001137	ALLEN ASSOCIATES	BROKER FEE 12/2016	75,834.43
			150,974.09
001138			
001138	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEE 12/2016	2,255.25
			2,255.25
001139			
001139	VERRILL & VERRILL, LLC	TREASURER FEE 12/2016	907.35
			907.35
001140			
001140	MICHAEL S. ZAMBITO	TREASURER FEE 12/2016	604.90
			604.90
001141			
001141	ALLSTATE INFORMATION MANAGEMNT	ACCT: 963 - ACT & STOR - 11/30/16	0.47
			0.47
001142			
001142	CONNER STRONG	POSITION BOND - 2017	2,540.00
			2,540.00
001143			
001143	PAY.GOV	VOIDED	
001144			
001144	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE - 12/2016	166,430.97
001144	MUNICIPAL REINSURANCE HIF	AGGREGATE REINSURANCE - 12/2016	11,543.00

W1212			177,973.97
W1212	PAY.GOV	AFFORDABLE CARE ACT TAXES - 12/2016	199,125.00
			199,125.00
		Total Payments FY2016	731,536.46

TOTAL PAYMENTS ALL FUND YEARS \$731,536.46

Chairperson

Attest:

Dated: _____

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

Treasurer

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

Resolution No. 13-17

JANUARY 2017

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

BE IT RESOLVED that the Southern Coastal Regional Employee Benefits 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 2016

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001145			
001145	SOUTHERN NJ REG'L EMPLOYEE BENEFITS FUND	2015 MEMBER OVERPAYMENTS	479,716.56
			479,716.56
001146			
001146	PERMA	POSTAGE FEE 12/2016	9.73
			9.73
001147			
001147	ALLEN ASSOCIATES	FUND COORDINATOR - 12/2016 - UNDERPAID	3,386.70
001147	ALLEN ASSOCIATES	BROKER - 12/2016 - UNDERPAID	3,386.70
			6,773.40
001148			
001148	ALLSTATE INFORMATION MANAGEMNT	ACCT: 963 - ACT & STOR 12/31/2016	0.47
			0.47
		Total Payments FY2016	486,500.16

FUND YEAR 2017

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001149			
001149	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE - 01/2017	18,109.00
			18,109.00
001150			
001150	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 1/2017 - GRP COASTAL	505.30
			505.30
001151			
001151	AETNA LIFE INSURANCE COMPANY	ACCT: PSIUD 93791981 BP 1001 - 01/2017	102,582.09
			102,582.09
001152			
001152	AMERIHEALTH ADMINISTRATORS	TPA FEE 01/2017	37,720.00
			37,720.00
001153			
001153	PERMA	EXECUTIVE DIRECTOR FEE 01/2017	53,030.89
			53,030.89
001154			
001154	ACTUARIAL SOLUTIONS, LLC	FUND ACTUARY FEE 1ST QTR 2017	8,453.25
			8,453.25
001155			
001155	ALLEN ASSOCIATES	FUND COORDINATOR - 01/2017	84,291.83
001155	ALLEN ASSOCIATES	BROKER - 01/2017	84,966.60
			169,258.43
001156			
001156	J. KENNETH HARRIS, ATTY AT LAW	FUND ATTORNEY FEE 01/2017	2,300.33

			2,300.33
001157			
001157	VERRILL & VERRILL, LLC	TREASURER FEE 01/2017	925.50
			925.50
001158			
001158	MICHAEL S. ZAMBITO	TREASURER FEE 01/2017	617.00
			617.00
001159			
001159	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 01/2017	156,158.58
001159	MUNICIPAL REINSURANCE HIF	AGGREGATE REINSURANCE 01/2017	12,167.75
			168,326.33
		Total Payments FY2017	561,828.12

TOTAL PAYMENTS ALL FUND YEARS \$ 1,048,328.28

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. 1-17

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PROFESSIONALS AND AWARDING CONTRACTS
FOR FUND YEAR 2017**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

WHEREAS, Each of the business entities identified below with an contract value of \$17,500 per annum or more have submitted a Business Entity Disclosure Certification which certifies that they have not made reportable contributions to a political or candidate committee for the members of the Fund in the previous one year; and the contracts awarded herewith will contain a clause preventing such reportable contributions during the term of the contract;

WHEREAS, the Executive Committee of the Southern Coastal Regional Employee Benefits 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 FUND may continue;

NOW THEREFORE BE IT RESOLVED by the Executive Committee that the following appointments and contract awards be and are hereby made for 2017:

2017 COASTAL HIF PROPOSED CONTRACT FEES	
Contract & Vendor	2017 Fees
Executive Director - PERMA Risk Management Services (pepm)	\$18.01
Total	\$622,752.00
Actuary - John Vataha	\$33,813.00
Attorney - J. Kenneth Harris, Esq.	\$27,604.00
Plan Documents	\$25,000.00
Auditor - Bowman & Co.	\$12,250.00
Dental TPA - Delta Dental	\$3.10
Total	\$6,030.00
Medical TPA - Amerihealth Administrators	
Admin Fee (pepm)	\$46.00
Annual Total	\$448,730.00
Medical TPA - Aetna	
Admin Fee (pepm)	\$50.31
Annual Total	\$1,226,055.00
Treasurer - Mike Zambito	\$7,404.00
Deputy Treasurer - Ken Verrill	\$11,106.00
Fund Coordinator- Allen Associates	(PEPM)
Cumberland Regional BOE	\$27.22
Commercial Township BOE	\$26.82
Cumberland County Tech ed Center	\$24.37
Hopewell BOE	\$28.32
Millville BOE	\$26.92
Upper Deerfield BOE	\$28.80
Woodstown BOE	\$22.79
Millville Library	\$18.19
Bridgeton BOE	\$29.33
Middle Township	\$20.56
Lower Cape May Regional School District	\$39.54
Buena Regional BOE	\$35.02
Dennis Township BOE	\$30.87
West Cape May BOE	\$32.70
City of Brigantine	\$34.73
Lawrence Township BOE	\$29.79
Cumberland County Improvement Authority	\$33.90
Cumberland County Charter School Network	\$21.83
Pittsgrove Township	\$34.33
Annual Total	\$994,138.98

BE IT FURTHER 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 ;

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: January 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-17

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2017**

BE IT RESOLVED by the Executive Committee of the Southern Coastal 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 216, Parsippany, NJ 07054, for the year 2017 or until its successor has be appointed and qualified.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2017

**BY: _____
CHAIRPERSON**

ATTEST:

SECRETARY

RESOLUTION NO. 3-17

**RESOLUTION OF THE SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING CUSTODIAN OF FUND RECORDS**

BE IT RESOLVED that _____, the Secretary of the Southern Coastal 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 216, Parsippany, NJ 07054

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-17

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE ATLANTIC CITY PRESS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2017**

BE IT RESOLVED by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Atlantic City Press is hereby designated as the official newspaper for the Southern Coastal Regional Employee Benefits Fund for the year 2017 and that all official notices required to be published shall be published in the Atlantic City Press and the Fund Website (www.coastalhif.com)

BE IT FURTHER RESOLVED that in the case of special meetings or emergency meetings, the Secretary of the Southern Coastal Regional Employee Benefits Fund shall give notice of said meetings to the Atlantic City Press and the Fund Website (www.coastalhif.com)

SOUTHERN COASTAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-17

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2017**

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 Coastal Regional Employee Benefits Fund that the Fund shall hold public meetings during the year 2017 at the following location:

March 27, 2017
May 22, 2017
July 24, 2017
September 25, 2017
October 16, 2017
November 20, 2017
January 22, 2018

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Atlantic City Press and listed on the Fund Website (www.coastalhif.com)

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-17

**SOUTHERN COASTAL 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 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

2017 CASH MANAGEMENT AND INVESTMENT POLICY

1.) Cash Management and Investment Objectives

The SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS 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 established 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
Wells Fargo Bank
Investors Bank
Parke Bank
Republic Bank
ABCO Federal Credit Union
Ocean First Bank

The FUND is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.) **Authority for Investment Management**

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through Wilmington Trust and other 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.

The rate of interest on delinquent assessments shall be 10% per annum from the due date for any such assessment.

RESOLUTION NO. 7-17

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

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

- Chairman

- Secretary

Michael Zambito

- Treasurer

Kenneth Verrill/or Lorraine Verrill

- Deputy Treasurer (one but never both)

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2017

Adopted: JANUARY 23, 2017

RESOLUTION NO. 8-17

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

2017 RISK MANAGEMENT PLAN

The **RISK MANAGEMENT PLAN** for the Southern Coastal Regional Employee Benefits Fund (the "Fund"), for the Fund Year beginning January 1, 2017 shall be as set forth below:

1.) COVERAGE OFFERED

- Medical

The medical plans offered by the Fund include standard "preferred provider organization", "traditional", "point of services", and "health maintenance organization" plan designs. These plans have both in network and out of network benefits and are customized to the needs and specifications of the members. 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. The Fund will also offer Medicare Advantage programs. See Exhibit "A" for a list of provided coverage/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 plans.

- 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

Medical and Prescription

- Specific Retention: \$325,000
- Aggregate Retention: \$59,422,194 (117.2% of budgeted claims)
- Specific Limit Unlimited
- Aggregate Limit \$10,000,000

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

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

Medical, Prescription, and Prescription coverage without Medical coverage retentions will vary with census and can also vary depending upon the allocation of claims.

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs at the conclusion of the 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 periodically adjusted, but not less frequently than annually, in accordance with the actuary’s certifications.

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

At least one month before the end of the Fund Year, the Fund adopts a budget for the upcoming year based on the most recent census, the claims experience for the current Fund Year and other applicable accounting and actuarial factors. 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 process. These rates are used to compute the members’ monthly assessment based on the updated census, and monthly billings 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) 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.) REINSURANCE

Reinsurance will be provided by the Fund obtaining membership in the Municipal Reinsurance Health Insurance Fund. Risk will be retained by the Fund in accordance with Section 3.) above. Initial membership in the Municipal Reinsurance Fund will be for a three (3) year period.

8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

Upon application to the Fund, a 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.

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.

9.) RATING PERIODS

All rating periods for municipal members coincide with the Fund (calendar) year while rating periods for school members can either coincide with their fiscal year (July 1 to June 30) or the Fund year. The Fund offers school entities the option of either Fund year or fiscal year renewals.

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. Former members of the Fund cannot rejoin the Fund for a period of three (3) years after the date of the termination of their membership in the Fund.

11.) PROVISION FOR PPOs AND ALTERNATIVE PLAN DESIGNS

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

All members have an open enrollment period no later than the first month of their joining the Fund. Participating employees also have an open enrollment period in the fall or at other times designated by the Fund before the beginning of each calendar year during which they may switch between plan options. The changes shall be effective at the beginning of the Fund Year. 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.

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 or in the event of nonpayment of applicable charges.

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 uses the rates established by the Fund actuary. 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 or in the event of nonpayment of applicable charges.

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)."

18.) PLAN DOCUMENT

The Fund prepares a plan document and benefit plan booklets 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 coverage may be changed;
- When coverage ends;

- COBRA provisions;
- Conversion privileges; and
- Enrollment forms and instructions.

B.) Benefits

- Definitions;
- Description of each benefit, inclusive of;

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

C.) Claims Procedures

- Submission of claim. In accordance with plan document.
- Proof of loss. In accordance with plan document
- Appeal procedures. Shall be in accordance with applicable law. See Plan Document and Fund Bylaws

D.) Cost Containment Programs – In accordance with plan document.

- Pre-admission.
- Second surgical opinion.
- Other cost containment programs.
- Application and level of employee penalties.

19.) BENEFITS CURRENTLY PROVIDED TO COVERED EMPLOYEES BY EACH MEMBER AND BENEFITS PROPOSED TO BE PROVIDED BY THE FUND.

SEE PLAN DOCUMENT OF EACH MEMBER ENTITY

20.) 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.

21.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER

1. The Fund Treasurer may issue checks or initiate wire transfers in payment of medical claims, as submitted by the third party administrator responsible for handling the Fund's medical claims, as necessary in order to fulfill the Fund's claim funding obligations under the applicable service provider contract between the Fund and the third party administrator. The certifying and approving officer shall prepare a report of all claims approved by him or her since the last report, detailing the nature and amount of the claim, the payee, the reasons supporting payment and any other pertinent information. This report shall be submitted to the Executive Committee of the Fund at their next scheduled meeting. The Executive Committee shall review and approve the actions of the certifying and approving officer. In the event a claim approved and paid by the certifying and approving officer is not approved by the Executive Committee, they shall direct appropriate action to be taken.

2. 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.

3. All dental claims, if any, in excess of \$5,000 shall require the approval, at a regularly scheduled meeting, of the Executive Committee of the 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 Executive Director.

4. 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.

5. 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.

22.) "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.

23.) CLAIM AUDIT

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted upon completion of the first Fund Year after the Fund's inception and at least once every three years thereafter. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

24.) 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 Fund Coordinator, Executive Director and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.
 - The TPA, Fund Coordinator, 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, Fund Coordinator, 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, Fund Coordinator, 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, Fund Coordinator, 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 Fund Coordinator.

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 Fund Coordinator 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 Fund Coordinator 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 (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Fund Coordinator 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 Fund Coordinator 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 Fund Coordinator 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 Fund Coordinator shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Fund Coordinator, 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 Fund Coordinator does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Fund Coordinator 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 Fund Coordinator 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 Fund Coordinator for all external reviews conducted. The notice of decision shall contain:

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

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

(iii) references to the documentation/information considered;

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

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

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

ADOPTED: January 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 9-17

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONER TO
THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

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

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

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-17

**SOUTHERN COASTAL 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 Coastal 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 Coastal Regional Employee Benefits Fund establishes the following producer plan for 2017;

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 Fund Coordinator using the form of contract attached hereto.
3. The following sub-producers with the designated compensation levels are approved for 2017:

Group Name	Subproducer	Broker Rates
CUMBERLAND REGIONAL BOE	Allen Associates	27.22
COMMERCIAL TOWNSHIP BOE	Allen Associates	26.82
CUMBERLAND COUNTY TECHNICAL EDUCATION CENTER	Allen Associates	24.37
HOPEWELL BOE	Allen Associates	28.32
MILLVILLE BOE	Allen Associates	26.92
UPPER DEERFIELD BOE	Allen Associates	28.80
WOODSTOWN BOROUGH	Allen Associates	22.79
MILLVILLE LIBRARY	Allen Associates	18.19
Bridgeton BOE	Allen Associates	29.33
Middle Township	Marsh & McClennan	20.56
Lower Cape May Regional School District	J. Byrne Agency	39.54
Buena Regional BOE	Allen Associates	35.02
Dennis Township BOE	Integrity Consulting Group	30.87
West Cape May BOE	J. Byrne Agency	32.70
City of Brigantine	Innovative Risk Solutions	34.73
Lawrence Township BOE	Allen Associates	29.79
Cumberland County Improvement Authority	AR Fanucci Agency LLC	33.80
Cumberland County Charter School Network	Allen Associates	21.83
Pittsgrove Township	Hardenbergh Insurance Group	34.33

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 11-17

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS 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 Southern Coastal Regional Employee Benefits 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 2017.

BE IT FURTHER RESOLVED that the Executive Committee of the Southern Coastal Regional Employee Benefits 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 Southern Coastal Regional Employee Benefits Fund at a properly noticed meeting held on January 23, 2017.

ADOPTED:

BY: _____
Chairperson

ATTEST:

Secretary

RESOLUTION NO. 12-17

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
ADOPTING 2017 WELLNESS GRANT PROGRAM FOR CUMBERLAND COUNTY TECH**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Executive Committee set forth a budget for the for the fiscal year of January 1, 2017 through December 31, 2017. This budget includes \$150,000 for individual member wellness grants;

WHEREAS, Cumberland County Tech submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented to the Executive Committee at its meeting on January 23, 2017.

WHEREAS, the projected program and requested funds in the amount of \$12,875 was deemed appropriate for the objectives of the Fund wellness grant program

WHEREAS, on January 23, 2017, the Executive Committee of the Southern Coastal Regional Employee Benefits Fund approved Wellness Grant Programs for the Cumberland County Tech in the amount of \$12,875:

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: January 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE NOVEMBER 2016, DECEMBER 2016 AND JANUARY 2017 BILLS LISTS**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on **January 23, 2017** 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 month of January 2017 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 Southern Coastal Regional Employee Benefits Fund hereby approve the Bills List for January 2016 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 Southern Coastal Regional Employee Benefits 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 23, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY